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WORCESTERSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

(Forty-Sixth)

on the

SCHOOL HEALTH SERVICE

FOR THE YEAR 1954

by

J. W. PICKUP, M.D., D.P.H.

County and Principal School Medical Officer.

INDEX

	<i>Page</i>
Administration	3, 29
Area, Population, etc.	6
Assistant County Medical Officers : Reports of	30-32
Child Guidance	9
Cleanliness	14
Clinics, School	7-9
Communicable Diseases	2, 21
Convalescence	27, 28
Co-operation of parents and teachers, etc.	10
Co-ordination	10
Dental Defects	2, 16-18
Diphtheria Immunisation	2
Diseases of the Skin	15
Divisional Administration	29
Ear, Nose and Throat Defects	15
Education Children's Care Sub-Committee—List of members	1
Eye Condition	14
Food Poisoning	24
General Condition	2, 13
Handicapped Pupils	2, 24-27
Health Education in Schools	13
Heart Disease	19
Meals in School	3, 23, 24
Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession	30
Medical Inspection	2, 10, 11
Medical Inspection Returns	11-13
Medical Treatment	7, 15
Milk in School	23, 24
National Survey of the Health and Development of Children	30
Nose and Throat Defects	15
Open-Air School	21, 22
Orthopaedic Defects	15
Physical Education	22
Population	6
Protection of School Children against Tuberculosis	2, 19, 20, 30
Rheumatism	19
Rhydd Court Residential Special School	2, 26-27
Road Accidents	21
School Hygiene	3, 10
School Meals	3, 23, 24
School Population	6
Special Schools	2, 24-27
Speech Defects	28-29
Staff	4-6
Statistics	6
Teachers : Medical Examination of	30
Tuberculosis	2, 19, 20, 30
Visual Defects and External Eye Disease	14

EDUCATION CHILDREN'S CARE SUB-COMMITTEE

LIST OF MEMBERS

Appointed members

Mr. J. F. GOODE	—	Chairman
Mr. G. F. CHANCE	—	
Mr. H. W. CHESHIRE	—	
Dr. F. E. DAWES	—	
Mr. H. ECCLES	—	
Mr. E. GITTUS	—	
Lady C. M. LECHMERE	—	
Mr. H. J. PARAMORE	—	
Mrs. H. C. M. PORTER	—	
Mr. W. POWELL	—	
Mr. E. A. ROBINSON	—	
Mr. M. ROSS	—	
Miss E. E. TALBOT	—	
Mrs. C. WILSON	—	
The Ven. Archdeacon T. B. WILSON	—	

Ex-officio members

SIR CHAD WOODWARD	—	Chairman of the County Council
Mr. R. R. ADAM	—	Vice-Chairman of the County Council and Chairman of the County Finance Committee
Mr. R. ALDINGTON	—	Chairman of the School Management Sub-Committee
Sir HUGH CHANCE	—	Chairman of the Further Education Sub-Committee
Mr. H. N. FROST	—	Chairman of the Education Committee, and Finance and General Purposes Sub-Committee
Major M. F. S. JEWELL	—	Chairman of the Sites and Buildings Sub-Committee
Miss E. M. NEWTH	—	Chairman of the County Library Sub- Committee
Mr. J. H. WALKER		Chairman of the Agricultural Educa- tion Sub-Committee
Mrs. J. E. TALBOT	—	Chairman of the School Meals Sub- Committee

*Annual Report (Forty-Sixth) on the
School Health Service
for the year ended December 31st 1954*

Mr. Chairman, Ladies and Gentlemen,

During the past year the health of the school children in Worcestershire has continued to be satisfactory.

The medical examinations have shown that there has been a marked fall in the numbers of children whose general condition and nutrition has been classified as "poor." Not all school medical officers assess by the same standards and criteria, but I am sure there is general agreement on which children should be included in that category; in other words there has been a genuine reduction in the numbers of such school children.

The provision in residential special schools for handicapped children continues to improve and most of our needs can be satisfied. In rural areas, even where special transport arrangements can be made, it is not justifiable to establish special day schools, though in the urban areas in the north of the county the establishment of a day special school for educationally sub-normal pupils (boys and girls) will be a great advantage.

The special residential school at Rhydd Court for educationally sub-normal boys, has proved such an outstanding success that consideration may possibly be given in the future to the establishment of a similar school for educationally sub-normal girls.

The active preventive and therapeutic measures in the fight against pulmonary tuberculosis have now been taken a further step forward by the sanction of the Ministry of Health to B.C.G. vaccination, with all necessary safeguards, being offered to those children in the 13 years of age group who need some protection against tuberculosis.

Immunisation against diphtheria may have eliminated almost completely the occurrence of the disease but I cannot stress too strongly that constant vigilance must be exercised and that unless parents ensure that their children are immunised at 8—12 months of age and receive a first "booster" dose at 4—5 years of age, with possibly a second "booster" due at 9—10 years of age, there will remain a definite danger to the individual child and to the community. If a child who has not been immunised contracts diphtheria, there is a grave danger of serious physical disability and possibly death.

There has been a slight improvement in the staffing position in the school dental service, which I hope will be maintained. As there is only a limited number of dental surgeons available to carry out the dental needs of the whole community the school dental service should be made sufficiently attractive to retain and augment the present staff. It is generally admitted that there has been a regrettable deterioration in dental health during the past few years, for it has been demonstrated in adults who now require more extractions and artificial dentures than would have been necessary if they had received adequate treatment during their school life.

With the laying of piped water supplies in some rural districts it has been possible to improve the sanitation at many rural schools.

The school meals service now amounts to a huge catering business. Although great difficulties were experienced because of crowded kitchens and frequent changes of staff, it is worthy of note that no serious outbreak of food poisoning occurred.

The detailed information included in this report has been prepared by my Deputy, Dr. Galloway, who has undertaken, on my behalf, the general supervision and control of the school health service.

I should like to express my sincere appreciation and grateful thanks to the professional and clerical staff of the department, to the Director of Education and his staff, and the staffs of schools, for their willing help at all times.

I am again indebted to the Chairman and the members of the Committee for their continued support.

Your obedient Servant,

J. W. PICKUP

Principal School Medical Officer

County Buildings,
Worcester.

April 21st 1955

STAFF

County Medical Officer of Health and Principal School Medical Officer

J. W. Pickup, M.D., D.P.H.

Deputy County Medical Officer of Health and Principal School Medical Officer

T. McLaren Galloway, M.B., Ch.B., M.R.C.P., D.P.H., Dr.P.H.

Senior Administrative Medical Officer, Maternity and Child Welfare Service

Beatrice M. Thompson, M.D., L.R.C.P., M.R.C.S., M.B., B.S., D.P.H.

*Divisional Area Medical Officers**Kidderminster*

C. Starkie, B.Sc., M.D., M.B., Ch.B., D.P.H., M.R.C.S., L.R.C.P.

Oldbury

H. Tabbush, M.B., Ch.B., D.P.H.

Chest Physicians

R. B. Mayfield, B.A., M.D., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

E. N. Moyes, M.D., Ch.B., M.R.C.P.

R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

R. A. Kershaw, M.B., Ch.B., M.R.C.P., M.R.C.S.

Assistant County and School Medical Officers

Jeanne C. Addenbrooke, M.B., Ch.B.

Eileen Bulmer, M.B., Ch.B.

Gwen S. Clarke, M.B., Ch.B., D.R.C.O.G., D.P.H.

Margaret C. Fell, M.B., Ch.B., D.P.H., D.C.H.

H. F. Green, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

Margaret M. Meikle, M.B., Ch.B., D.P.H.

S. L. Morrison, M.B., Ch.B., D.P.H.

J. J. Murray, M.B., B.Ch., B.A.O., D.P.H.

A. M. Nelson, M.B., Ch.B., D.P.H.

Eleanor Patterson, M.B., B.S., D.P.H.

Vera Pugh, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P.

E. T. Shennan, M.B., Ch.B., D.P.H.

Oculists (Part-time)

I. Lloyd Johnstone, M.C., M.D., D.O., (Oxon.).

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon.).

C. G. Sinclair, M.B., B.S., F.R.C.S. (Eng.).

G. F. G. Siggins, M.R.C.S., L.R.C.P., D.O.M.S.

Medical Director—Worcestershire Child Guidance Clinics

J. J. Graham, M.B., D.P.M.

Psychiatric Social Workers

I. Malcomson, B.A. (Econ.).
Lilian F. W. Barnes.

Consultant Psychiatrist (Part-time)

May Pearce, M.B., Ch.B., D.P.M.

Principal School Dental Officer

B. D. Britten, L.D.S.

Deputy Principal School Dental Officer

F. H. Pugh, L.D.S.

Divisional Dental Officers

V. L. L. Hall, L.D.S.

J. L. Price, L.D.S.

Assistant Dental Officers

E. V. Stone-Wigg, L.D.S.

Miss D. M. Badham, L.D.S.

Miss L. S. C. Wilson, B.D.S.

Mrs. A. M. Facer, L.D.S. (part-time)

Mrs. B. J. Whitehead, L.D.S. (part-time)

Miss I. D. Ball, L.D.S.

P. Walsh, B.D.S.

Mrs. M. R. Tibbatts, L.D.S. (part-time)

G. C. Clark, L.D.S. (part-time)

J. Zuck, L.D.S.

Oral Hygienist

Vacant

Administrative Assistant

G. P. Cooper

Superintendent Health Visitor

A. Kean, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent Health Visitor

Miss L. Mee, S.R.N., S.C.M., H.V.

Health Tutor

Miss J. K. Pettit, S.R.N., R.F.N., H.V.

Superintendent, District Nurses and District Nurse Midwives

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

Deputy Superintendent, District Nurses and District Nurse Midwives

Miss E. Morain, S.R.N., S.C.M., Q.N., H.V.

Orthopaedic After Care Staff

Miss O. M. Woods.

Mrs. K. J. Johnson.

Speech Therapists

Miss D. M. Edwards, L.C.S.T.

Miss R. M. Bourke, L.C.S.T.

SUMMARY OF STAFF

	Number	Aggregate staff in terms of the equivalent numbers of whole time officers.
(a) <i>Medical Officers :</i>		
(i) whole-time School Health Service	—	—
(ii) whole-time School Health and Local Health Services	16	6.6
(iii) general practitioners work- ing part-time in the School Health Service ..	—	—
(b) Dental Officers	14	9.9
(c) Physiotherapists, Speech Thera- pists, etc. :		
Remedial Gymnasts	2	1
Speech Therapists ..	2	2
(d) (i) School Nurses	36	17.09
(ii) District Nurses	43	2.0
(e) Nursing Assistants	2	2
(f) Dental Attendants	14	10.5

STATISTICS 1954.

Area of Administrative County (acres)	438,221
Population Mid-1953 (Registrar-General's Estimate) ..	407,700
Value of 1d. rate	£8,353
School Population	60,440

County of Worcester (less Borough of Oldbury) ..

	<i>Schools/Dept</i>	<i>Boys</i>	<i>Girls</i>	
Nursery	1	21	19	
Primary	258	18980	17886	
Secondary Modern	21	5143	4749	
Secondary Grammar	10	2496	2227	
Secondary Technical	4	228	185	
	<hr/> 294	<hr/> 26868	<hr/> 25066	51,934

Borough of Oldbury :—

Nursery	—	—	—	
Primary	20	2929	2819	
Secondary Modern	5	1046	990	
Secondary Grammar	1	279	264	
Secondary Technical	1	92	87	
	<hr/> 27	<hr/> 4346	<hr/> 4160	8,506

The school population of 60,440 compares with 58,829 in 1953, the annual increase being slightly above that of last year.

SCHOOL CLINICS

(a) Number of School Clinics provided for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools 23

(b) Type of examination and/or treatment provided at the School Clinics :—

Examination and/or treatment (1)	Number of Schools Clinics (<i>i.e. premises</i>) where such treatment is provided	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals. (3)
A. Minor ailment and other non-specialist examination or treatment	18	—
B. Dental	12	—
C. Ophthalmic	14	—
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	1
F. Paediatric	—	—
G. Speech Therapy	10	—
H. Others (specify) :—		
Orthoptic	—	1
U.V.L.	3	—
Investigation	1	—

A mobile dental unit has been in full use in the Malvern area of the County for the entire year 1954. This unit is a trailer caravan fully fitted with up-to-date dental equipment including x-ray unit.

In other rural areas portable dental equipment is used in temporary accommodation.

In May the Regional Hospital Board transferred their orthopaedic clinic from the School Clinic premises at Redditch to the Redditch Smallwood Hospital where it is now held monthly instead of bi-monthly.

List of School Clinics :—

Name	Address	Held on	Medical Officer	Remarks
Blackheath	Long Lane Chapel Blackheath	Monday at 10 a.m.	Dr. M. M. Meikle	
Blackheath	Dental Clinic, Long Lane, Blackheath	Wednesday 9.30—4.30	—	Dental Clinic only
Bromsgrove	Recreation Road, Bromsgrove	Monday and Wednesday at 9.30 a.m.	Dr. V. Pugh	
Catshill	Baptist Chapel, Catshill	Friday at 2 p.m. Nurses session Friday 9.30— 10.30 a.m.	Dr. V. Pugh	This clinic is held in conjunction with the Infant Welfare Centre.
Cradley	Colley Lane, Cradley, Staffs.	Fridays at 10 a.m.	Dr. M. M. Meikle	
Droitwich	Baptist School Rooms	Tuesdays at 2 p.m.	Dr. M. C. Fell	This clinic is held in conjunction with the Infant Welfare Centre.
Evesham	The Clinic, Avonside Hospital Evesham.	Every Friday at 10 a.m.	Dr. J. J. Murray	
Halesowen	Tenter Street School	Fridays at 10 a.m.	Dr. E. M. Bulmer	
Lye	Orchard Lane School, Lye, Stourbridge.	Every Friday at 11.30 a.m. Nurses session Mondays, Wednesdays, Fridays at 10 a.m.	Dr. A. M. Nelson	
Newtown	Sydenham Villa, Newtown Road, Malvern.	Every Friday morning at 9 a.m. Mon. and Wed. mornings at 9 a.m. Nurses session only.	Dr. H. F. Green	
Pershore	Women's Institute Hall	Thursdays at 9.30 a.m.	—	Speech therapy only
Redditch	The Old Vicarage, Redditch.	Every Thursday 11.30 a.m. Nurses session Thursdays at 10 a.m.	Dr. E. Patterson	
Redditch	Dental Clinic, "Old Crest," South Street, Redditch.	Daily 9.30— 4.30		Dental clinic only
Rubery	St. Chad's Church Room	1st and 3rd Thursdays at 9.30 a.m.	Dr. G. S. Clark	
Stourbridge	Back of No. 11 Hagley Road, Stourbridge.	Every Friday at 9.30 a.m. Nurses session Mondays at 10 a.m.	Dr. A. M. Nelson	
Upton-on- Severn	Memorial Hall, Old Street, Upton-on-Severn.	Occasional	—	Ophthalmic
Worcester	Forecourt, Shirehall.	Occasional Wednesdays 9.30 a.m.	— —	Ophthalmic Speech Therapy. (Dental clinic not at present in use).

Kidderminster Area

Place	Address	Held on	Medical Officer	Remarks
Kidderminster	Coventry Street, Kidderminster	Thursdays at 10 a.m. Nurses session daily at 9 a.m.	Dr. C. Starkie	
Stourport	Mitton Street Stourport	2nd and 4th Fridays at 9 a.m. Nurses session, Mon., Wed. and Fri. 9—10 a.m.	Dr. R. W. Markham	
Wychall	Parish Room	Thursdays 9— 10 a.m. Nurses session only.		

Worcester Area

Worcester	Tabernacle Street	Monday—Friday at 9 a.m.	Dr. S. L. Morrison
Woolley	Joinings Bank, Langley	Monday—Friday at 9 a.m.	Dr. H. Tabbush
Worcester	Bleak House Road	Monday—Friday at 9 a.m.	Dr. S. L. Morrison

CHILD GUIDANCE CENTRES

(1) Number of Child Guidance Centres provided by the
Authority 4

(2) Staff of Centres :

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists *	1	1
Educational Psychologists ..	—	—
Psychiatric Social Workers ..	2	1

* The services of the Psychiatrist are made available by arrangement with the Regional Hospital Board.

The numbers of cases referred by head teachers, general practitioners, juvenile courts, etc., were :—

Worcester	83
Bromsgrove	23
Oldbury	51
Kidderminster	29

The child guidance team is still without an educational psychologist but it is expected that an appointment will be made early in 1955.

CO-ORDINATION

There have been no major changes in the administration of the service during the year.

Working relationships between the County Council departments and with other statutory and voluntary bodies have continued to be close and effective.

The attitude of Heads of Schools towards the School Health Service is all important and their continued interest and enthusiasm is greatly appreciated.

SCHOOL HYGIENE

The following new schools were opened during the year 1954—

Stourport secondary modern school	Effective accommodation about 600 places
Evesham secondary modern school	Effective accommodation about 400 places
Kidderminster Franche junior school	Effective accommodation about 360 places
Kidderminster Birchen Coppice infants' school	Effective accommodation about 270 places

Additional teaching accommodation was provided at about 10 schools, the sanitary and washing accommodation at 12 schools was improved and better lighting was provided at 6 schools. Schools were provided with new playing fields amounting in all to something like 25 acres, and at 24 schools, playgrounds were either resurfaced or made up for the first time.

This formidable list of improvements to school buildings carries the promise of a healthier working environment for many children.

MEDICAL INSPECTION

Medical inspection of school children in the following age groups has continued :—

Entrants—All entrants attending a maintained school for the first time, who are inspected as soon as possible after admission.

Intermediates—All children of 10—11 years age group at primary schools.

Leavers—All children of 14 years age group and, at grammar schools, 15 years age group.

It is usually possible to include also some children in the 8—9 years age group, the numbers depending upon staff available throughout the year. This year the number of such inspections is given separately in the Medical Inspection Returns overleaf.

Education Authorities have recently been given powers to alter the ages at which inspections are carried out, and the nature of the inspections.

In view of the undoubted success of the existing system no change is contemplated.

Periodic medical inspection is the basis of the School Health Service. Those who provide it as well as those who benefit from it are firmly convinced of its value.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1954.

Table I

Medical Inspection of Pupils attending maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and Number of Children examined in each :—

Entrants	..	..	..	..	..	..	5,818
8—9 years	..	..	..	..	..	..	2,729
11 years	..	..	..	..	..	..	5,261
Leavers	..	..	..	..	..	..	4,755
Total							18,563
Additional Periodic Inspections							1,879
Grand Total							20,442

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	7,932
Number of Re-inspections	..	..	..	..	6,292
Total					14,224

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin)

Age Group Inspected			For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils
(1)			(2)	(3)	(4)
Entrants	..	..	58	818	837
8—9 years	..	..	164	297	428
11 years	..	..	359	567	865
Leavers	..	..	323	408	690
Total			904	2,090	2,820
Additional Periodic Inspections			101	225	302
Grand Total			1,005	2,315	3,122

TABLE II
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment.	Requiring treatment	Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	235	150	64	45
5	Eyes—a. Vision ..	1005	763	249	84
	b. Squint ..	204	123	34	17
	c. Other ..	53	52	24	11
6	Ears—a. Hearing ..	50	153	36	76
	b. Otitis Media ..	62	109	16	19
	c. Other ..	42	53	19	10
7	Nose or Throat ..	504	1140	228	265
8	Speech	76	119	59	45
9	Cervical Glands ..	35	377	16	51
10	Heart and Circulation	20	208	10	36
11	Lungs	93	289	33	91
12	Developmental—				
	a. Hernia	20	41	3	2
	b. Other	62	181	7	17
13	Orthopaedic—				
	a. Posture	79	151	19	13
	b. Flat Foot ..	196	167	40	22
	c. Other	381	514	70	65
14	Nervous system—				
	a. Epilepsy	13	16	13	15
	b. Other	30	90	25	19
15	Psychological—				
	a. Development ..	20	190	30	110
	b. Stability	12	66	16	10
16	Other	215	314	192	351

More periodic medical inspections have been performed than in any previous year. In view of the increasing school population this is as it should be.

A greater proportion of the children inspected this year were found to have defects requiring treatment—14% compared with 12% in 1953.

It is still difficult to arrange medical inspections where they should be carried out *i.e.* at school. So many of the schools are crowded that no room can be made available and a large number of inspections have to be done in halls and clubrooms.

The patience and fortitude of teachers, doctors, nurses, pupils and parents under circumstances which are often difficult is greatly appreciated.

GENERAL CONDITION

Age Groups Inspected	No. of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	5818	3125	53.7	2632	45.2	61	1.1
8—9 years ..	2729	1551	56.8	1152	42.2	26	1.0
11 years	5261	2729	51.9	2463	46.8	69	1.3
Leavers	4755	2666	56.1	2057	43.2	32	0.7
Additional Periodic Inspections ..	1879	1002	53.3	863	45.9	14	0.8
Total ..	20,442	11,073	54.2	9167	44.8	202	1.0

This Table indicates a general and welcome improvement over previous years. The differences are quite considerable and, even allowing for the arbitrary standards involved, may well be significant.

It is perhaps noteworthy that although 1.1% of entrants are thought to be Category C, this proportion is reduced to 0.7% at school leaving age.

All of the children in Category C are given special attention and appropriate treatment, *e.g.* open air schooling, a period of preventive holiday care, is provided whenever necessary.

HEALTH EDUCATION IN SCHOOLS

A health education organiser was appointed in August.

There is little to report so far as she has spent most of her time in getting to know the county and the people whose co-operation is needed.

Much preparatory work has been done and a fuller account of the work of the health education organiser will be given in next year's report.

The medical officers have given lectures to schools, parent-teacher groups and associations of teachers, but the bulk of the health education in schools is given by the school staffs and nurses.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	200	29
Errors of refraction (including squint) ..	2749	416
	<hr/>	<hr/>
Total ..	2949	445
	<hr/>	<hr/>
Number of pupils for whom spectacles were		
(a) Prescribed	1962	221
(b) Obtained	1950	187

This service continues to work satisfactorily. Abuses have been successfully controlled and a growing proportion of the children are dealt with in the authority's clinics rather than by the Supplementary Ophthalmic Service.

CLEANLINESS

- (i) Total number of examinations in the schools by the school nurses or other authorised person 153,077
- (ii) Total number of *individual* pupils found to be infested 5,334
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944) 57
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944) 7

Although there is a substantial increase in the number of examinations compared with last year's figure, there is a decrease in the number of children who were verminous at the time of inspection.

This improvement is mainly due to the zeal of the school nurses and health visitors in carrying out the inspections, educating infested children and families, and in dealing tactfully but effectively with defaulters.

There is still no room for complacency as an infestation rate of 9% is still too high.

Some parts of the county have a much lower rate and some have one which is still more disturbing.

Subject to staff limitations considerable efforts are being continued to improve matters.

DISEASES OF THE SKIN

(excluding uncleanliness)

				Number of cases treated or under treatment during the year by the Authority otherwise	
Ringworm— (i) Scalp	..	..	..	2	—
(ii) Body	..	..	..	2	2
Scabies	..	..	..	6	—
Impetigo	..	..	..	147	5
Other skin diseases	..	..	..	487	93
Total				644	100

Ringworm and scabies are now, happily, very rare in school children. As recently as 1947, 44 cases of ringworm and 169 cases of scabies were reported.

Impetigo is seldom extensive, and is quickly brought under control by modern treatment.

EAR, NOSE AND THROAT DEFECTS

		Number of cases treated by the Authority otherwise		
Received operative treatment				
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis			—	910
(c) for other nose and throat conditions			—	1
Received other forms of treatment	..		63	59
			—	—
Total		..	63	970

There has been a considerable increase in the number of children who have received surgical treatment for diseases of tonsils and adenoids.

A proportion of this increase is due to successful catching up with long waiting lists, and the delays remarked on in my previous report are now less frequent.

ORTHOPAEDIC DEFECTS

The two orthopaedic physiotherapists have continued to carry out a great deal of useful preventive and after care work among school children.

Children are selected at class examinations by the therapists and are also referred from the orthopaedic consultant clinics, school medical inspections and infant welfare clinics.

Little of the work is spectacular but results are almost uniformly excellent and the service is one which is generally appreciated.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR 1954.

The past year has been another in the line of continued expansion of the School Dental Service in Worcestershire. On the debit side, only one whole-time dental officer has left the service—Mr. Watkins, the Divisional Dental Officer in Stourbridge, leaving at the end of January having decided to take up private practice in that town. On the credit side there have been several newcomers. Mr. Hall was appointed Divisional Dental Officer in May to fill Mr. Watkins' place. Mr. Zuck was appointed in June to work in the rural area around Tenbury and Kidderminster and Mr. Stout was appointed in the same month to work in Bromsgrove. He, unfortunately, could only remain for three months before leaving to take up an appointment in St. Albans and his departure made it necessary to alter the arrangements and to transfer Mr. Zuck to work entirely in the Bromsgrove and Stourport Clinics, deferring the purchase of a new mobile dental unit for use in the Tenbury—Kidderminster rural area until a dental officer could be found to fill the vacancy which has now existed for over four years.

In addition to these officers, the whole fabric of the dental service has been strengthened by the appointment of a salaried part-time Orthodontist, Mrs. M. A. Tibbatts, who undertakes seven sessions per week in Stourbridge, seeing many patients from the northern part of the County. At the end of the year, therefore, the position was that, including the valuable services of part-time dental officers, there was the equivalent of nearly twelve dental officers at work which, though a most encouraging figure, is still insufficient to maintain a reasonable standard of dental treatment for all children in the County and represents little more than half the number of dental officers required to provide a fully comprehensive dental service.

The mobile dental unit which was put into operation at the end of 1953 was moved out of Malvern after Easter to visit rural schools in the west and southwest of the County. For the first time in Worcestershire, a fully equipped dental surgery has visited all the schools in this area and response to the offer of dental treatment and to the services provided has been most encouraging. Few snags and hindrances have been encountered and most of these have been overcome without difficulty. It occasionally happens, however, that a parking place is difficult to find. It is not always possible to use the school playground as the entrance may be too narrow or the ground itself too soft to take the weight of the vehicle. This is most unfortunate when it occurs as undoubtedly close proximity to the school is one of the great advantages of the travelling dental surgery. Lack of electricity and running water in some places are also drawbacks and, though not absolutely essential, their availability greatly helps the smooth running of the unit. The value of this unit has become so apparent during the year that it is more than ever hoped that a dental officer may be found to work in the area already mentioned around Tenbury and Kidderminster using a similar unit, the purchase of which has been approved by the County Council.

Turning to the actual dental work carried out during the year, it will be seen that there has again been a substantial increase in the numbers of pupils inspected, the figure being the highest yet recorded. Similarly there has been an increase in the number of teeth filled and fillings done in these teeth, both figures constituting a new record. It is pleasing to note, however, that these increases have not been reflected in the figures for the extraction of teeth, though the loss of permanent teeth still remains depressingly high. In this connection it must be pointed out that many of the permanent teeth which are extracted may be comparatively sound, their extraction being necessary to relieve overcrowding caused by the premature loss of the milk teeth. This defect will not be solved until more dental officers are available, to spend more time on the preservation of the milk teeth.

In spite of the increase in the dental staff this year, it must be pointed out that great difficulty still exists in getting suitable candidates for appointment. An increase in the demand for dental treatment by the general public has resulted in increased incomes for private practitioners in recent months and I am certain that the best possible standard of living is the chief factor in influencing young dental surgeons who are trying to decide which branch of dentistry to adopt as their life work. Fundamentally, however, there remains the continued shortage of candidates to the profession as a whole. Many arguments have been put forward as reasons for this shortage of candidates and the matter has been discussed in Parliament. Unless this shortage can be overcome by making the profession more attractive to young persons, it will continue and will be felt most in the Local Authority Dental Services.

B. D. BRITTEN.

Principal Dental Officer.

February 1955.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—				
(a) At periodic Inspections				46,690
(b) As Specials				1,936
Total (1)				48,626
(2) Number found to require treatment				33,520
(3) Number offered treatment				26,886
(4) Number actually treated				16,534
(5) Attendances made by pupils for treatment ..				28,750
(6) Half-days devoted to : Periodic Inspection ..				340
Treatment				4,478
Total (6)				4,818
(7) Fillings : Permanent Teeth				20,103
Temporary Teeth				563
Total (7)				20,666
(8) Number of teeth filled : Permanent Teeth ..				17,862
Temporary Teeth				556
Total (8)				18,418
(9) Extractions : Permanent Teeth				4,099
Temporary Teeth				19,190
Total (9)				23,289
(10) Administration of general anaesthetics for extractions				3,037
(11) Other operations, Permanent Teeth				4,283
Temporary Teeth				464
Total (11)				4,747

HEART DISEASE AND RHEUMATISM

Three children suffering from rheumatic heart disease were ascertained during the year—1 boy and 2 girls.

This represents a considerable reduction from the 20 reported cases of rheumatic heart disease last year.

TUBERCULOSIS

Dr. R. B. Mayfield, Chest Physician to the Birmingham Regional Hospital Board and Tuberculosis Officer to the Local Health Authority, has contributed the following summary :—

Tuberculosis in School Children, 1954.

TABLE I.

Notifications of tuberculosis in children of school age.

	Respiratory	Non-respiratory	All Forms
1954	18	12	30
Average for the previous 6 years	16	14	30

The twelve non-respiratory cases were made up as follows :

- 1 bones of foot (Droitwich)
- 1 meningitis (Halesowen)
- 10 glands of neck (3 Stourbridge, 2 Kidderminster, 2 Malvern, 1 Stourport, 1 Droitwich, 1 Earls Croome)

The haphazard distribution of these non-respiratory cases about the County supplies no evidence of any local epidemic of bovine tuberculosis from particular sources of milk. In the light of bacteriological researches in other parts of the country in recent years it appears likely that most of these children were infected from human sources. It can almost certainly be assumed that all the respiratory infections were from human sources, and these observations, together with the absence of any notifications of abdominal tuberculosis, suggest that tuberculous milk has not played a significant part in the spread of the disease in School Children during this year. It is, of course, expected that measures now coming into force will soon eliminate this type of infection altogether.

Though the cow presents a relatively easy target, the sustained level of total notifications indicates that control of human infection remains unsatisfactory. Standards of notification vary from place to place and from year to year, and there is little doubt that heightened diligence in diagnosis and case-finding contribute to the maintenance of the level recorded in previous years. Nevertheless, whatever personal opinions may be held, there is still no factual evidence of a lessened incidence of this disease in this group of children.

In contrast to the above, it is pleasant to be able to state that the returns of the local registrars record no deaths from tuberculosis amongst Worcestershire School Children in 1954.

TABLE II.

New Cases Examined at the Chest Clinics.

	Respiratory	Non-respiratory	Totals
Tuberculous	25	11	36
Others	—	—	119
		Total ..	155

Table II does not include some two or three hundred new contacts examined at the Chest Clinics during the year. An endeavour is made to examine all the house-contacts of every notified case, and any others whom it seems desirable to examine or whose parents or medical advisers wish the Chest Physician to see. The standard routine of such examinations includes tuberculin testing and radiology of the chest, further investigations depending on the results of these procedures. In past years, tuberculin testing has been done by the Mantoux and jelly patch methods, but recently Dr. Moyes has introduced the new Heaf test to the Worcester Royal Infirmary and Corbett Hospital Clinic Areas. This test requires less technical ability than the Mantoux and is said to be more reliable than the jelly patch. It is very easy to do and practically painless and can be used by Health Visitors in the children's homes. This may well prove to be a most useful innovation.

All negative reactors are offered B.C.G. inoculation. There are few refusals, and complications are negligible. In addition to the inoculation of contacts, all thirteen-year old children are to be offered B.C.G. in 1955, subject to preliminary tuberculin testing, and it is hoped this measure will diminish the risk of the school-leaver contracting the disease when exposed to the hazards of infection in the world outside. School Medical Officers, who will be carrying out this promising preventive service, have been studying the technique in the Chest Clinics. It is hoped that extension of this practice to the maternity wards and the ante natal clinics will not be long postponed.

Mass radiography is offered to persons in charge of children and to school-leavers as occasion allows, and has been usefully employed on a few occasions when infectious cases have been discovered in schools. Fortunately, up to date, such special surveys have not revealed any secondary cases.

The efforts of some School Medical Officers in securing the examination of contacts at the Chest Clinics are much appreciated. All contacts are offered examination as a routine procedure, but, for one reason or another, 100% attendance is not achieved, and any assistance by School Medical Officers and Health Visitors in reaching this goal is very welcome.

SCHOOL CHILDREN AND ROAD ACCIDENTS.

			Fatal	Serious	Slight	Total
1954	..	..	.. 2	91	213	312
1953	..	..	.. 1	88	190	279
1952	..	..	.. 5	110	211	326
1951	..	..	.. 7	83	173	263

The figures show a small but regretted increase under all headings, and may reflect the greater number of school children exposed to risk.

Attention is given to teaching road safety measures in all schools and the school crossing patrol service has been extended.

COMMUNICABLE DISEASE

There was no undue incidence of any communicable disease among school children during the year.

WEST MALVERN RESIDENTIAL OPEN-AIR SCHOOL.

The following report has been given by the Director of Education :—

“ During 1954, the West Malvern Open Air School has continued to fulfil its well known purpose of providing education for children who need an extended period of convalescence under open air conditions.

The decision to regard the school as a single educational unit under the direct control of the headmistress, Miss D. Stazicker, has been fully justified though the two separate blocks of buildings have presented certain difficulties in organisation.

Each term, 40 boys and girls under the age of 9 and 40 boys aged 9 to 15 have been admitted. It has not been possible to admit any older girls this year, though the Education Committee are anxious that this should be done as soon as circumstances permit.

Some improvements to the premises have been carried out during the year and plans for further improvement and rearrangement of the accommodation are being considered at the present time.

School work has continued normally, except for a fortnight's break at the end of the summer term when 20 children had to be sent home owing to a serious shortage of domestic staff. The children have received sound instruction in the basic subjects ; craft-work has developed ; and full use has been made of the opportunities for outdoor activities whenever the weather was favourable.

The school's health record has been satisfactory. The health of individual children has improved to an extent which would be considered remarkable elsewhere but which we have come to regard as normal after a stay at West Malvern.

Once again thanks are due to the managers (chairman, Miss E. M. Newth) who have given generously of their time and energy in the interests of the school."

PHYSICAL EDUCATION

The Director of Education has supplied the following report prepared by his advisory officers, Miss M. E. Hodgkinson, Mr. A. Charles and Mr. R. A. Young :—

" Observation of physical defects

Specialist teachers and all class teachers responsible for physical education as part of their work, are encouraged to note and report any children who appear to be in need of medical attention because of physical disabilities. The practice of changing clothing for physical activity is increasing and this gives greater opportunity for detecting physical defects in their early stages. Particular attention has been paid to the inspection of feet in order to limit the incidence of verruca. As long as children use swimming baths, showers and changing rooms where their feet are in contact with damp surfaces, it cannot be expected that this foot complaint can be completely eradicated.

Teachers' Courses

During the year, courses in Physical Education were held in the Kidderminster, Redditch and Stourbridge areas. In these courses emphasis has been put upon the provision and use of climbing apparatus, both fixed and portable. It is recognised that apparatus of this kind allows the child opportunity to exercise himself in a manner fitting to his own stage of development.

Swimming

A full programme of swimming instruction for schools was carried out at the Oldbury, Stourbridge, Kidderminster, Malvern, Redditch, Droitwich, Kempsey and Evesham baths. Because of the continued lack of facilities in the Halesowen area, arrangements were made for some of the local schools to visit baths in Smethwick. This arrangement is by no means adequate and some schools are unable to go to the swimming baths at all. It is important to stress the need to provide baths in the Bromsgrove and Halesowen areas. The possibility of building " learners " baths at some schools is being considered.

Playing Fields

It is interesting to note that the percentage of schools having the use of grass playing areas has risen from 60% in 1947 to 75% in 1954.

Schools' Camp

The Malverns were again the site of the Schools' Camp, but this year a position near Little Malvern Priory was selected. In all, 14 schools took advantage of this opportunity to send groups of children to spend a week studying the locality under health-giving conditions."

MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

The following information has been supplied by the Director of Education :—

“ A day in October, 1954

Meals

Dinners

Free 2,155

On payment .. 27,358

Breakfasts 370

Teas 370

Number of Departments having meals 323

Number of Departments not having meals 1

Milk

Number of children who receive $\frac{1}{3}$ pint 45,878

Number of children who receive $\frac{2}{3}$ pint 36

All schools in County receive a supply of milk

Number of pupils in Primary and Secondary Schools 56,435

Number of pupils in Nursery schools 36

(These figures are actual attendance figures for a day in October, 1954, but do not represent the full possible attendance roll).

All the above figures include the Excepted District of Oldbury.

The following kitchens have been opened during the year under review :—

Evesham County Secondary School Kitchen

Kidderminster, Franche County Primary School Kitchen

Stourport County Secondary School Kitchen

The Caslon County Primary School Kitchen

The Lickey County Primary School Kitchen

The opening of these kitchens has enabled a redistribution of meals to be undertaken. As a result, school dinners are now being provided up to requirements to every school in the County. Although one school is not receiving meals there are only twelve children on roll and there is no demand.

It is a remarkable tribute to those concerned with the school meals service that no significant trouble arose during the year.

The excellence of the school dinner contributes materially to the continuing improvement in the health of our school children.

The officers of the Education and Health Departments have worked closely on the day to day problems connected with such a vast decentralised food handling enterprise.

Regular sampling of school milk helps to maintain high standards of purity and quality.

FOOD POISONING

There was no outbreak of food poisoning among school children during the year.

HANDICAPPED PUPILS

The Ministry of Education have approved the proposal to build a special day school in Halesowen for 100 educationally sub-normal boys and girls. This project is included in the 1955/56 building programme and should go far towards honouring the authority's responsibility for this category of handicapped children.

There is now less difficulty in finding appropriate boarding places for handicapped children needing them.

The majority of the handicapped children are educated in ordinary schools, and school staffs have been most co-operative.

As far as staff conditions allow, all handicapped children attending boarding schools are examined by a medical officer of this authority once a year—usually in school holiday periods.

In this way, a check is maintained on progress and the continuing need for boarding school care.

The following tables show the position at the end of the year of the seriously handicapped children of the county :—

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	TOTAL (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
the calendar year ended 31st cember 1954 :—										
Handicapped Pupils <i>Newly placed</i> in Special Schools or Boarding Homes	3	3	5	5	1	14	22	1	—	54
Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes ..	4	—	6	9	2	16	45	1	1	84
or about December 1st, 54 :—										
Number of Handicapped Pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils	—	1	—	1	—	3	5	—	—	10
(b) Boarding Pupils ..	14	9	24	13	3	26	122	—	4	215
(ii) attending independent schools under arrangement made by the Authority	—	1	—	—	—	5	4	6	—	16
(iii) boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—	—	—	—	—
TOTAL C ..	14	11	24	14	3	34	131	6	4	241
Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944.										
(i) in hospitals	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (<i>e.g.</i> units for spastics) ..	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	20	1	—	1	22
Number of Handicapped Pupils from the area requiring places in Special Schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School) ..	1	6	6	6	2	12	204	—	1	238

Number of children reported during the year—

(a) under Section 57(3) (excluding any returned under (b))	25
(b) " " " relying on Section 57(4)	—
(c) " " 57(5)	36
of the Education Act, 1944	

**INDEPENDENT SCHOOLS USED BY THE LOCAL EDUCATION AUTHORITY UNDER
SECTION 6 OF THE EDUCATION (Miscellaneous Provisions) ACT, 1953. IN RESPECT
OF HANDICAPPED PUPILS DURING 1954.**

Full Name and Address of School (1)	Whether for Boys, Girls or both (2)	Number of pupils whose fees are being paid in whole or part by the L.E.A. (3)	Category of handicap of each pupil in (col. 3) (4)	Age range of pupils in (col. 3) (5)	Annual rate of payment by L.E.A. per pupil (6)
Seaford Court School, Malvern	Boys	1	Physically Handicapped	13	£60 p.a.
Puckle Hill House School, Shorne, Gravesend ..	Both	1	„	16	£375 p.a.
Wynstones, nr. Gloucester	Both	1	Partially sighted	14	£210 p.a.
St. Mary's, Wrestwood, Bexhill-on-Sea	Both	1	Physically Handicapped	9	£252 p.a.
Hollins Hall, Hampsthwaite, Harro- gate	Both	1	„	15	£260 p.a.
Douglas House, Malvern ..	Girls	1	„	12	£78 16s 6d p.a.
Wennington School, Wetherby, Yorks. ..	Both	2	Maladjusted	15-16	£280 p.a.
Ledston Hall, Allerton Bywater, nr. Leeds ..	Both	1	Maladjusted	13	£310 p.a.
Mulberry Bush, Standlake, Oxon.	Both	1	Maladjusted	12	£374 19s 4 p.a.
Shotton Hall, Harmer Hill, nr. Tewkesbury ..	Boys	2	Maladjusted	13	£360 p.a.
Vineyard School, Warwick	Boys	4	E.S.N.	11-14	£220 10s p

RHYDD COURT RESIDENTIAL SPECIAL SCHOOL

The following report has been given by the Director of Education :—

“ Three years have now elapsed since Rhydd Court School was established as part of our county educational system. During this time, the school, under the immediate direction of the headmaster, Mr. A. E. Long, has steadily pursued its aim of providing the best possible kind of education for boys who are mentally handicapped. In a report recently submitted to the governors the headmaster has given a full account of what has been achieved. His general conclusion, which is endorsed by the governors and by the Education Committee, is expressed in the following words :—

“ Looking back, the most outstanding feature is undoubtedly the remarkable improvement in the ability of the boys to live together in a community with their fellows, with little quarrelling, and with a respect for the property of their fellows. Again too, they are able to meet new people and converse easily with them, to behave naturally, and to take a certain amount of pride in their appearance and most certainly in their work and progress. Regular routine in good meals, sufficient sleep, satisfying work, plenty of opportunities for good games, have produced in most cases fine, healthy-looking lads.”

This indeed shows that the school is achieving its main object of turning out good citizens who understand their responsibilities towards the community.

In my last report, I described in some detail the work of the school—teaching in small groups by methods specially adapted to the boys’ capabilities, the practical approach to school work in the basic subjects, the place of various kinds of craftwork in the curriculum, the variety of instructive outdoor activities and the exploitation of the boys’ individual interests and capabilities. All this has been more fully developed during the past year and some interesting new projects have been undertaken.

Open days have provided parents with regular opportunities for visiting the school and seeing the boys at work and play. This has helped to gain the confidence and co-operation of the parents.

During the year several boys have left school on reaching the age of 16. After interviewing each boy, the County Youth Employment Officer, in consultation with the headmaster and the boy’s parents, helps to place the boy in a suitable job. So far reports on the way in which school leavers are settling down in their jobs are very encouraging. Where necessary, arrangements are made for supervision for a time after leaving school.

The governors (chairman, Lady Lechmere) continue to devote much time and thought to the boys’ welfare and thanks are due to the governors for this public work.”

CONVALESCENCE

There has been an increase in the number of children who received convalescence (73 compared with 62 in 1953 and 60 in 1952).

The increase may be accounted for by the fact that girls over 9 years of age are not at present being admitted to the Open Air School at Malvern. This matter is being dealt with, but meanwhile the older girls are given short periods of recuperative convalescent care at one or other of the homes listed overleaf:—

The undermentioned Homes which are known to be satisfactory, accommodated the children :—

The Ormerod Home, St. Annes-on-Sea	24
Westwood Convalescent Home, Blackpool ..	8
The Home for Invalid Children, Hove ..	4
Seabright Home, St. Annes-on-Sea	30
Roecliffe Manor, Woodhouse Eaves	1
Nor-West, Sand Bay, Weston-Super-Mare ..	5
Webbery Convalescent Home, Bideford	1
	<hr/>
	73
	<hr/>

The following table shows the number of cases by the duration of stay :—

1 week	1
2 weeks	9
3 weeks	57
4 weeks	5
6 weeks	1
	<hr/>
	73
	<hr/>

The average weekly maintenance rate is £3 17s 6d.

The arrangements have continued to work well and many letters of appreciation giving evidence of the success of the measure are received.

SPEECH THERAPY

Miss M. Edwards, the Senior Speech Therapist, has submitted the following report :—

“ In January a slight alteration was made in arrangements to provide further speech therapy for the Oldbury area where the demand is very great. The speech clinic at Cradley was cut by one three hour session and this time was then allocated to Oldbury.

Miss D. Oliver resigned in August 1954 on the occasion of her marriage. It has so far proved impossible to appoint another speech therapist in her place and the clinics have had to be cut down considerably. It was considered preferable to try to maintain a skeleton service in as many clinics as possible rather than to close them completely. The clinic at Halesowen unfortunately could not be kept open and this was closed at the end of July. The clinics which it has been found necessary to curtail are indicated in the accompanying table.”

	OLDBURY Curtailed July, 1954	KIDDERMINSTER Curtailed July, 1954	BROMSGROVE	CRADLEY Curtailed July, 1954	STOURBRIDGE Curtailed July, 1954.	HALESOWEN Closed July, 1954.	MALVERN	EVESHAM	PERSHORE	WORCESTER	REDDITCH	RHYDD COURT	TOTAL
Cases attending 31.12.54 ..	24	20	14	5	6	—	5	15	6	7	19	10	131
Discharged after satisfactory progress	22	19	6	7	4	5	2	8	1	6	10	2	92
Left school or area	—	2	—	—	—	—	1	1	3	—	1	2	10
Ceased attending	2	4	—	5	1	2	4	3	1	1	—	—	23
TOTAL ..	48	45	20	17	11	7	12	27	11	14	30	14	256
Waiting list	102	86	43	27	44	48	22	62	13	31	95	—	573
GRAND TOTAL ..	150	131	63	44	55	55	34	89	24	45	125	14	829
Total No. Treatments ..	803	745	361	288	226	181	156	468	207	240	612	275	4562

TYPES OF SPEECH DEFECT TREATED

	Articulation <i>e.g.</i> lisp	Communication <i>e.g.</i> stammering	Multiple <i>e.g.</i> Cleft Palate	Total
OLDBURY ..	27	16	5	48
KIDDERMINSTER ..	24	15	6	45
BROMSGROVE ..	9	9	2	20
CRADLEY ..	9	5	3	17
STOURBRIDGE ..	5	2	4	11
HALESOWEN ..	3	3	1	7
MALVERN ..	4	4	4	12
EVESHAM ..	14	10	3	27
PERSHORE ..	6	4	1	11
WORCESTER ..	9	5	—	14
REDDITCH ..	18	11	1	30
RHYDD COURT ..	6	7	1	14

SCHEME OF ADMINISTRATION OF HEALTH SERVICES— BOROUGH OF OLDBURY AND KIDDERMINSTER DIVISIONAL AREA

The existing schemes of divisional administration for the Borough of Oldbury and for the Kidderminster area, which continue to work well, have been renewed for a further year.

RESEARCH

National Survey of the Health and Development of Children

A preliminary report on this survey has been published and detailed study reports will be issued in time.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

Arrangements were again made for children approaching school leaving age to be X-rayed whenever a mass miniature radiography unit was in the vicinity.

The County Council adopted a scheme for tuberculin testing and B.C.G. inoculation of 13 year old school children and this scheme was subsequently approved by the Ministry of Health.

A great deal of detailed planning, printing, etc. had to be done and it proved impossible to introduce the scheme before the end of the year.

It is hoped to commence early in 1955 and that this new technique of prevention will take its place with the other measures which are provided to control the spread of this disease.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

The following table shows the number of medical examinations of student school teachers and school teachers carried out during the year in accordance with Ministry of Education Circular 249 :—

Entrants to Training Colleges	Form 4 RTC	160
Employment as Teachers by the Worcestershire Education Committee	Form 28 RQ	30
		—
Total (including Kidderminster and Oldbury Divisional Areas)		190
		—

There has been a further increase in the volume of this work, the total number of examinations in 1953 being 176.

NOTES FROM ANNUAL REPORTS OF SCHOOL MEDICAL OFFICERS

Dr. V. Pugh (Bromsgrove)

“ The co-operation of the staff of the Schools is very high. They seem to welcome any help and advice about the children.

The attendance of parents at medical inspections is fairly good, especially amongst the younger children. The accommodation provided for the medical officers at some of the schools is very poor and cramped.”

Dr. E. Patterson (Redditch)

"The health of the children has been good. Several were sent to the Malvern Open Air School and to convalescent homes, and practically all returned much improved—although they rapidly lose weight on their return home. Parents attend the inspections very well indeed, especially as most of the women go out to work. The Head Teachers have been friendly and co-operative, as usual.

It is good to have the continuous services of an excellent dental surgeon, and the visits of the School Oculist are much appreciated."

Dr. H. F. Green (Malvern and Upton-on-Severn)

"The year 1954 has been a year of change and development.

There are now two Parent/Teachers Associations, one at the Chase Secondary Modern School and the other at West Malvern C.E. School. On three occasions lectures have been given to these Associations, the first two on general preventive medicine and the other on the prevention of tuberculosis. They have proved invaluable meeting grounds for education of the parents and as a means of finding out what the parents feel that they most require from the service. We are still troubled by the few attendances of parents at the school-leaving age examination though more have come along since my lectures. One parent pointed out at one of the meetings that adolescent girls are often far more self-conscious of undressing for examination in the presence of their parents than in the presence of the school nurse or school doctor. Enquiries have since shown this feeling to be very widespread, in fact almost universal amongst girls around the age of 14. Some form of screening and privacy is therefore required for these girls.

The old minor ailments—impetigo, cuts, abrasions, etc.—seem to be far less troublesome and frequent than they were even three years ago. The general release of certain new anti-biotics should make their control and treatment even less of a problem. Meanwhile, the clinic work is becoming more consultative in character, *e.g.* supervising such conditions as deafness due to retracted eardrums which is amenable to treatment by politzerisation; the diagnosis and treatment of bed-wetting which has proved to require the most careful individual treatment and the co-operation of parents, school teachers and the child. Given the time, satisfactory results are being obtained. There are three children attending schools in Malvern who have had part or the whole of a lung removed. These children again are supervised through the Minor Ailments Clinic in order to maintain the closest co-operation of the school teachers.

Finally, a Mass Radiography Unit attended Malvern in June this year. Arrangements were made for all the children in their last year of school life to attend. 135 cases attended in one afternoon direct from school. No abnormalities were discovered that needed treatment.

To sum up, it has been a most satisfactory year of change and development. May I express my gratitude for the unlimited co-operation of the family practitioners, consultants and staff of the various hospitals."

Dr. J. J. Murray (Evesham and Pershore)

“ The same satisfactory impressions remain as in previous years, that the great majority of the children are of good physique, active physically and mentally, and are protected and advanced through the care of their parents and their teachers. The few exceptions belong in the main to parents lacking in full mental maturity and one cannot recall a single case of gross deliberate neglect.

A word, perhaps, should be said in recognition of the many parents—usually mothers, with a sprinkling of fathers—who assiduously attend the medical inspections of their children, often coming considerable distances and not uncommonly at some financial sacrifice. Their presence brings much assistance and encouragement to the examining Medical Officer.

A few cases of digestive disturbance have been found on enquiry to be due to the excess consumption of home-cured bacon usually accompanied by an over-liberal supply of the ubiquitous fat-fried potato. This ingestion rises to a crescendo, coincident with the demise of the family pig, when succulent by-products are consumed, in some cases, literally *ad nauseam*. Among the causes of “ uncomfortable ” obesity, searching questions often reveal an excessive intake of this form of fat supply.

On the other hand, children of pale complexion with thin body and limbs not infrequently have a record of freedom from illness and exhibit a degree of resilience defined by one mother of such a child as that, “ he was like a whip and could be cracked with impunity.”

One obtains the impression that, if anything, the schools meals service has improved its food, the quality and variety of which seem to be most acceptable to the young consumers.

If health services are to play a fully effective role in promoting the present and future welfare of the school child, they must be dynamic not static, stimulating parents to play a full and lively part in the promotion of health and happiness in their families. In a word not so much passive support as active encouragement ; for as Seneca says, “ Life is long if we know how to use it.” ”

WORCESTERSHIRE COUNTY COUNCIL.

KIDDERMINSTER DIVISIONAL AREA

SCHOOL HEALTH SERVICE

REPORT OF THE
DIVISIONAL SCHOOL
MEDICAL OFFICER

FOR THE YEAR 1954

COLIN STARKIE,
Divisional Medical Officer.

R. W. MARKHAM,
Deputy Divisional Medical Officer.

CALDWALL HALL,
KIDDERMINSTER.

WORCESTERSHIRE COUNTY COUNCIL.
KIDDERMINSTER DIVISIONAL AREA.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1954.

Divisional Office :

CALDWALL HALL,
CASTLE ROAD,
KIDDERMINSTER.

DIVISIONAL COMMITTEE.

County Council Representatives :

Alderman K. D. Briggs, J.P. (Chairman) to September.
„ Sir A. C. T. Woodward.
„ H. Parkes.
Councillor S. T. Melsom.
„ J. G. Parker.
„ E. A. Robinson.

Kidderminster Borough :

Alderman D. Samuel.
Councillor W. P. Hill.
„ Mrs. E. B. Beatty.

Bewdley Borough :

Alderman R. B. Jackson.
Councillor Mrs. D. L. Lawrence.

Stourport Urban District Council :

Councillor Mrs. A. Pratt.
„ H. E. Rose.

Kidderminster Rural District Council :

Councillor H. Doolittle.
„ A. Pardoe.

Tenbury Rural District Council

Councillor E. Evans.
The Rev. A. P. Randle.

Co-opted Members :

Mrs. G. S. Chadwick.
Mrs. T. H. Charles.
Mrs. E. M. Knight.
Lady Lea.
Mrs. C. H. Naylor.
The Rev. N. Panter.

Clerk to the Divisional Area Committee :

John L. Evans, M.A.

STAFF.

As at December 1954.

Divisional Medical Officer.

COLIN STARKIE, M.D., Ch.B., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

Deputy Divisional Medical Officer.

R. W. MARKHAM, B.A., M.B., B.Ch., D.P.H.

Assistant School Medical Officer (Part-time)

GWEN SMITHSON CLARK, M.B., Ch.B., D.R.C.O.G.,
D.P.H.

Ophthalmic Surgeons (Part-time)

I. LLOYD JOHNSTONE, M.C., M.D., D.O.
C. G. SINCLAIR, M.B., B.S., F.R.C.S.

Medical Director, Child Guidance Clinic (Part-time)

J. J. GRAHAM, M.B., Ch.B., D.P.M.

Dental Surgeons.

PETER WALSH, B.D.S.
J. ZUCK, L.D.S.

SCHOOL NURSES.*Kidderminster Borough.*

Miss E. A. Baird ..	School Nurse.
Mrs. S. M. Askew	School Nurse and Health Visitor.
Miss M. J. Thomas ..	School Nurse and Health Visitor.
Mrs. A. E. Hall ..	School Nurse and Health Visitor.
Mrs. E. M. Roden ..	Clinical Assistant.
Miss M. Amos ..	Dental Assistant.

Stourport, Bewdley and Wribbenhall.

Miss L. M. Cartwright ..	School Nurse and Health Visitor.
Miss L. M. Coward ..	School Nurse and Health Visitor.
Miss P. Walton ..	Dental Assistant.

Kidderminster Rural.

Miss M. A. Buck ..	School Nurse, Health Visitor, District Nurse and Midwife.
Mrs. M. J. Moir ..	School Nurse, Health Visitor, District Nurse and Midwife.
Miss D. M. Strong ..	School Nurse, Health Visitor, District Nurse and Midwife.
Mrs. A. M. Towers ..	School Nurse, Health Visitor, District Nurse and Midwife.

Tenbury Rural.

Mrs. F. A. Allan ..	School Nurse, Health Visitor, District Nurse and Midwife.
Mrs. G. Arnett ..	School Nurse, Health Visitor, District Nurse and Midwife.
Miss E. Powell ..	School Nurse, Health Visitor, District Nurse and Midwife.
Miss U. M. Watson ..	School Nurse, Health Visitor, District Nurse and Midwife.

ORTHOPAEDIC SISTER.

Mrs. J. K. Johnson.

TUBERCULOSIS HEALTH VISITOR.

Miss A. W. Gaffney.

SPEECH THERAPIST (Part-time).

Miss D. M. Edwards.

CLERICAL STAFF.

Miss M. M. French	..	Chief Clerk.
Mrs. E. M. Walton	..	Assistant Clerk.
Mrs. M. Q. Claridge	..	Assistant Clerk.
Miss V. L. Randle	..	Assistant Clerk.
Miss P. J. Purcell	..	Assistant Clerk.

To the Chairman and Members of the Kidderminster Divisional Area Sub-Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my sixth Annual Report upon the Kidderminster Divisional School Health Service.

In considering the School Health Service it is of interest to remember a few of the important events which happened during 1954, and which form the background to all our activities and inevitably influence them often to a marked degree.

Among those events which have already produced some marked effect on either the physical or imaginative aspect of our lives, I would include :

War ending in Indo China.

Anxiety on account of the ' H Bomb ' invention.

The invention of the first atomic propelled vessel.

Atomic weapons supplied to the Army.

The harmful effects of cigarette smoking coming to public notice.

The public conscience being roused to take action to prevent atmospheric pollution.

The first Vertical Jet Flight.

The laboratory production of sugar from carbon dioxide and water.

The increasing mechanisation in factories, ' Automation.'

All these things influence our minds, and our pockets and reflect on the school health service, both with regard to health and to the amount of money available.

It is in this world of such potential change that the Divisional School Health Service has worked, always with the object of helping our children to adapt themselves happily and successfully to the problems of life.

In our work we are in daily contact with the school teachers, whose co-operation is essential for the smooth working of the school health service, and I have pleasure in recording that in spite of all the difficulties and interruptions with which teachers are beset, they are always most interested and friendly in helping with the health of the children.

The body of this report includes the usual statistics and commentaries on various aspects of the school health service, from which it will be seen that on the whole the divisional school children are very well cared for, and in consequence are of very good health.

My full appreciation and thanks are due to the Members of the Divisional Committee, to my very patient and enthusiastic staff, and to all who have interested themselves in and helped to improve the health of the school children in this division.

Yours obediently,

COLIN STARKIE.

Divisional Medical Officer.

Caldwall Hall,
Kidderminster.

INCREASE IN THE SCHOOL POPULATION.

The post war rise in the birth rate continues to increase the number of pupils on the schools' registers. During 1954, there were 10,917 pupils, which is 381 more than the previous year, and approximately 1,700 more than when the Division was formed six years ago.

Obviously more places have had to be found in schools, more buildings and teaching staff have been required, and there has been more work in the school health service.

GENERAL CONDITION OF DIVISIONAL SCHOOL CHILDREN.

Of 3,190 children inspected, approximately

68% were classified as ' Good.'

31% were classified as ' Fair,' and less than

1% were classified as ' Poor.'

Thus almost all the children were in the ' Good ' or ' Fair ' category and only 23 required treatment for their ' Poor ' condition.

Many of these were given a term's residence in the Malvern Open Air School.

EYES.

Although many thousands of children in the Division have passed many thousands of happy hours watching Television, and in consequence have put their eyes to more strenuous use, there is no evidence that any undue eyestrain has been caused. The number of children requiring glasses has shown no significant increase in the division since television commenced.

HEALTH EDUCATION.

Health Education continues to be of the greatest importance and has been carried out in very close association with teaching and nursing staffs.

Student teachers and senior schoolgirls have visited the School Clinics, and discussions have been arranged with various groups, *i.e.*

- District Nurses and General Practitioners.
- Father and Mothers of the Family Circle Club, Kidderminster.
- Home Helps.
- Pupil nurses from the Kidderminster General Hospital.
- The Civic Society—Bewdley.
- New Meeting Women's League.
- Stourport Baptist Sunday School Group.
- Electrical Association for Women.
- Nigerians visiting Stourport County Modern School.
- New parents at the Kidderminster High School.

Advice on all types of health problems has been asked for very frequently from the nurses and medical staff of the Divisional School Health Department.

THE SCHOOL DENTAL SERVICE.

The care of the mouth is especially important in school children when, during this period of active growth, the dental hygiene for the rest of life is often determined. It is, therefore, satisfactory to note that a second Dental Officer has been working in this Division, based on the Stourport Dental Clinic. The closest co-operation exists between the medical and dental departments, the Medical Officer having given 224 general dental anaesthetics during the year.

INFESTATION WITH VERMIN.

The School Nurses have inspected every child's head during the year, and all parents have been notified where louse infestations have occurred. Advice, assistance and material have been given in numerous instances by the nursing staff, but still the number of individual children infested remains almost unaltered at 667.

This is not a large proportion of nearly 11,000 children and shows the results of the constant vigilance of the School Nurses. However, we shall not rest content until head lice become as rare as body lice, which are very seldom found in children today.

VERRUCA PEDIS.

During the year 76 cases of this contagious foot wart were discovered in the school children, 44 were treated by the School Medical Officer and 32 by private practitioners.

Five senior schools gave 63 cases and ten junior schools gave 13 cases.

There were 54 girls and 22 boys affected.

Why do girls have more verruca than boys ?

Are girls' feet more exposed to the infecting virus than boys ?

No satisfactory answer has yet been found for these questions.

It is, however, very clear that the verruca virus is widespread in this area, and that unless we insist on children wearing shoes during all school activities, the number of cases will greatly increase.

Other possible sources of contamination are the floors of the children's own homes, the swimming baths and the floors of the school showers and changing rooms.

With regard to the homes and baths, we can only warn the children's parents of their risk. We can ensure that the floors of the school changing rooms and showers are kept scrupulously clean, and frequently and thoroughly disinfected, and we can exclude any child with verruca from taking school showers, or going to the swimming baths until the verrucae have been cured.

More positive action is also being taken by making a routine foot inspection at the same time as the ' hygiene inspection ' carried out regularly by the School Nurses, and then offering treatment at the school clinic.

INFECTIOUS DISEASES IN SCHOOLS

There were very few cases of infectious diseases notified, but in November, after a period of thick smoke-laden fog, many cases of ' influenza ' and bronchial illness caused a sharp rise in the number of children absent due to illness.

ANTERIOR POLIOMYELITIS.

There were 2 cases of Infantile Paralysis notified in the school children of the Division.

OPEN AIR SCHOOL, MALVERN.

In spite of improving housing conditions there are still children who derive great benefit from a term in the Open Air School. It is to be hoped that the necessary modifications to allow the very important age group of 8—14 for girls to enter the school, will be carried out in the near future.

Of the 17 Divisional children recommended for the school, 14 were admitted.

The reasons for recommending admission were as follows :

Debility	12 children.
Chronic Bronchitis ..	3 children.
Asthma ,.	2 children.

IMMUNISATION AGAINST DIPHTHERIA.

The numbers of school children immunised for the first time or given re-inforcing doses are shown by the District in the table below :—

	Immunised for 1st time Age 5—14.	Booster Doses
<i>Bewdley.</i>		
Jan.—June	1	37
July—Dec.	—	6
<i>Tenbury R.D.</i>		
Jan.—June	3	25
July—Dec.	5	28
<i>Stourport U.D.</i>		
Jan.—June	4	49
July—Dec.	8	62
<i>Kidderminster R.D.</i>		
Jan.—June	8	28
July—Dec.	14	56
<i>Kidderminster B.</i>		
Jan.—June	41	240
July—Dec.	36	142

ORTHOPAEDIC AFTER-CARE, 1954.

Mrs. Johnson, Orthopaedic Sister, reports as follows :—

“ The Orthopaedic work falls into two parts, the Preventive and the After-Care.

On the Preventive side, school children have continued to be examined for any Orthopaedic defect. Children with minor defects have been taught exercises, and where possible parents have been visited to stress the necessity for the continuation of these exercises sufficiently long for them to have a beneficial effect.

Children requiring the advice of an Orthopaedic Surgeon have been referred to the appropriate Clinic.

The After Care has consisted mainly in the supervision at home and at school of children attending an Orthopaedic Clinic.

A total of 298 school children and 104 infants have attended the Orthopaedic Clinic held at Kidderminster Hospital, of these 162 were new patients including 44 infants.

Children who have been referred to me by the School Medical Officers and Health Visitors have also been visited and supervised.

Greater care could still be exercised by Parents and Shop Assistants in the correct fitting of footwear. The standard and price range of suitable footwear is much improved."

Signed : K. J. JOHNSON.

The report of the Orthopaedic Sister remarks upon the improvement in the standard and price range of suitable footwear.

It is still very often found at medical inspections that children are wearing too short shoes, with consequent cramping of toes, a condition which may cause eventual deformity and crippling.

The children's feet and shoes are measured at routine inspections, a standard foot measure as used in shoe fitting, being used.

The effects of too short shoes is demonstrated on working models, and advice on correct shoe fitting is given.

EAR, NOSE AND THROAT.

In spite of a relatively cold and damp summer with a scarcity of sunlight, there were no great increases in infections of the ear, nose and throat, as will be seen by comparing Table II, page 20, with the similar table in last year's report.

SKIN DISEASES.

Ringworm and scabies, both so prominent thirty years ago, were almost absent in 1954.

There were 39 cases of impetigo, and a sharp rise in the number of general skin complaints.

Lack of sunlight may have had something to do with this, and again is a reminder that we would do well to clean up the atmosphere as quickly as possible, and so enable all our meagre supply of vital rays to reach the earth and keep our children healthy.

CHILDREN AND YOUNG PERSONS ACT.

EMPLOYMENT OF CHILDREN.

165 children were examined prior to their employment. Unless they were adequately clothed, and wore good shoes, and were generally clean, and had clean teeth, the certificate for employment was withheld.

HANDICAPPED PUPILS.

Nineteen Educationally Subnormal children are being taught in residential special schools and eight are awaiting vacancies.

There are now 49 Educationally Subnormal children requiring special education in ordinary schools. Some attempt has been made in some schools to give these children the special attention they need, but there are still many awaiting the special teaching they require.

The position at the end of the year is shown in the table below :—

Defect.	No. of children on Handicapped Register.	Position—December 1954.
Educationally Subnormal	76	19 in special schools. 8 requiring places in special schools. 49 requiring special education in ordinary schools.
Mal-adjusted	3	3 in special schools.
Deaf	4	3 in special schools. 1 at home.
Partially Deaf	4	4 at ordinary schools.
Blind	1	1 in special school.
Partially Sighted	1	1 receiving home tuition.
Physically Handicapped	22	5 in special schools. 1 attending independent school under special arrangements made by the Authority. 1 awaiting vacancy in special school. 11 attending ordinary schools. 2 not recommended for special school. 2 being educated under special arrangements.
Epileptic	1	1 to continue attending ordinary school.
Delicate Children	2	2 to continue attending ordinary school.
Mental Defectives Notified during 1954	13	1 admitted to Lea Colony.

PSYCHIATRIC CLINIC.

The following table gives details of children attending the Kidderminster Clinic during the year.

Cases referred by	1-5 years.		5-11 years.		11 and over		Total.
	M.	F.	M.	F.	M.	F.	
Probation Officer	—	—	—	—	4	1	5
General Practitioners	—	—	1	—	3	—	4
Head Teachers	—	—	3	—	1	1	5
Assistant School Medical Officers ..	3	—	1	3	1	1	9
Specialists	—	1	—	—	—	2	3
Children's Officer	—	—	—	—	—	—	—
Speech Therapist	—	—	—	2	—	—	2
	3	1	5	5	9	5	28

SPEECH THERAPY.

The Speech Therapist is holding 4 sessions weekly at Coventry Street Clinic, and her work is summarised in the following table :—

No. of cases attending, December 1954	20
Discharged after satisfactory progress	19
Left School or Area	2
Ceased attending	4
Total	45
<i>Waiting List</i>	86
Grand Total	131
Total Number of Treatments	745
<i>Types of Defects Treated at Clinics.</i>	
Articulation, <i>e.g.</i> lisp	24
Communication, <i>e.g.</i> stammering	15
Multiple, <i>e.g.</i> cleft palate	6
Total	45

TUBERCULOSIS.

In the whole of the Division there were 24 children suffering from tuberculosis, and of these, 12 were pulmonary tuberculosis and 12 were non-pulmonary tuberculosis cases.

Two new cases of pulmonary tuberculosis were discovered in senior school children, one at Stourport and one at Kidderminster. In both instances, all classroom contacts and the staffs of the schools were X-rayed, with negative results. It is reasonably certain that these children contracted their illness from infected relatives.

Preventive Measures.

In almost the whole of the area it is now illegal to sell milk other than heat treated or from tuberculin tested herds, so that cases of bovine tuberculosis should cease to occur.

Thirty-six teachers or student teachers were medically examined and X-rayed before taking up new appointments or entering training colleges.

Thirty-two school meals helpers were medically examined before commencing work in the schools meals service.

SCHOOL BUILDINGS.

Several important additions to the educational facilities of the area were made during the year, notably in the completion of three new schools. The largest of these is the Stourport County Modern School which has 706 pupils on the register. Even now the re-organisation at Stourport is not complete, and will not be so until further extensions to the modern school have been made.

The other new schools are the Franche County Primary School built for 240 scholars, and the Birchen Coppice Infants' School with a capacity of 320 pupils.

Electricity has been installed at St. Mary's Infants, Kidderminster, and at Knighton-on-Teme.

Two playgrounds have been resurfaced, one at Foley Park School and the other at Bennett Street School.

Most of the schools have a mains water supply. There are, however, seven schools supplied either by wells or springs.

The washing and sanitary accommodation for most of the schools is good, but there are still a few schools where it is hoped that the much needed improvements will soon be carried out.

ROTARY BOYS' HOME, WESTON-SUPER-MARE.

The generosity of the Kidderminster Rotary Club was extended to 22 boys during the year, when they were given a fortnight's holiday at the Rotary Boys' Home, Weston-super-Mare.

These boys are from families which could not give them a holiday, and in some instances they have never seen the sea before this visit to Weston.

SCHOOL CLINICS.

There are School Clinics now established at Bewdley, Stourport and Kidderminster.

At Bewdley, minor ailments are attended to by the School Nurse every Thursday morning during the school terms. Where necessary, any cases are referred for further treatment to their own doctor. The Stourport School Clinic has continued with Dr. Markham attending for consultation. Children referred by nurses, teachers, or by special appointment have been examined. Dental Sessions are held at the Stourport Clinic as required.

The Central Clinic in Kidderminster is used weekly as follows :—

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M. School Clinic 9—10	School Clinic. 9—10. Special Consulta- tions. Psychiatric Clinic. Speech Therapy.	School Clinic. 9—10.	School Clinic. 9—12. Occasional Ophthalmic Clinics.	School Clinic. 9—10. Speech Therapy.	School Clinic. Special Consulta- tions.
P.M. Ante- Natal Clinic.	Special Consulta- tions. Psychiatric Clinic. Speech Therapy.	Sewing Class. Family Planning Clinic	Infant Welfare Clinic.	Ophthalmic Clinic. Speech Therapy.	

An additional room has been built for the Psychiatric Clinic.

Dental Sessions are held mornings and afternoons daily.

The Clinic is also used occasionally by :—

the Blood Transfusion Unit,

the Lip Reading Classes,

the Red Cross Society,

on week-day evenings or Sunday afternoons.

SCHOOLS IN THE KIDDERMINSTER DIVISIONAL AREA.

Number on Books for the Quarter—December, 1954.

BOROUGH OF KIDDERMINSTER.

*Grammar Schools.**Number on Books.*

Kidderminster High	..	..	..	..	..	416
King Charles I.	..	..	..	..	..	357
Total						773

County Modern Schools.

Harry Cheshire Boys'	..	..	..	..	..	660
Harry Cheshire Girls'	..	..	..	..	..	540
Sladen Secondary	..	..	..	..	..	470
Total						1,670

Primary Schools.

Lea Street Mixed	..	..	..	..	..	239
Lea Street Infants'	..	..	..	..	..	114
Bennett Street Junior	..	..	..	..	..	263
Bennett Street Infants'	..	..	..	..	..	126
Foley Park	..	..	..	..	..	412
St. Mary's Junior	..	..	..	..	..	261
St. Mary's Infants'	..	..	..	..	..	111
St. George's Mixed	..	..	..	..	..	276
St. George's Infants'	..	..	..	..	..	135
Hoobrook	..	..	..	..	..	11
St. John's Boys'	..	..	..	..	..	97
St. John's Girls'	..	..	..	..	..	133
St. John's Infants'	..	..	..	..	..	96
Broadwaters	..	..	..	..	..	79
New Meeting	..	..	..	..	..	213
Birchen Coppice Infants'	..	..	..	..	..	315
Birchen Coppice Junior	..	..	..	..	..	441
Franch C.E.	..	..	..	..	..	48
Franch C.P.	..	..	..	..	..	181
St. Ambrose's Mixed	..	..	..	..	..	397
St. Ambrose's Infants'	..	..	..	..	..	103
Total						4,051

KIDDERMINSTER RURAL DISTRICT.

Primary Schools.

Chaddesley Corbett Mixed	..	..	..	..	..	51
Chaddesley Corbett Infants'	..	..	..	..	..	33
Trimpley	..	..	..	..	..	33
Stone	..	..	..	..	..	94
Churchill	..	..	..	..	..	23
Upper Arley	..	..	..	..	..	85
Wolverley	..	..	..	..	..	256
Cookley	..	..	..	..	..	214
Blakedown	..	..	..	..	..	43
Far Forest	..	..	..	..	..	167
Heightington	..	..	..	..	..	26
Rock	..	..	..	..	..	12
Total						1,037

BOROUGH OF BEWDLEY.

Number on Books.

Bewdley C.E.	..	..	..	..	..	312
Wribbenhall C.P.	..	..	..	..	..	193
Wribbenhall C.E.	..	..	..	..	..	168
Total						<hr/> 673

STOURPORT URBAN DISTRICT.

Areley Kings	..	..	..	..	..	140
Stourport County Modern	..	..	..	..	..	706
Stourport Junior Mixed	..	..	..	..	..	508
Stourport Infants'	..	..	..	..	..	302
Upper Mitton	..	..	..	..	..	67
Wilden All Saints'	..	..	..	..	..	123
Total						<hr/> 1,846

TENBURY RURAL DISTRICT.

Bayton	..	..	..	..	..	61
Bockleton	..	..	..	..	..	28
Eastham and Hanley	..	..	..	..	..	44
Knighton-on-Teme	..	..	..	..	..	43
Lindridge	..	..	..	..	..	42
Pensax	..	..	..	..	..	42
Stoke Bliss and Kyre	..	..	..	..	..	54
Tenbury Infants'	..	..	..	..	..	56
Tenbury Junior	..	..	..	..	..	147
Tenbury Secondary	..	..	..	..	..	191
Total						<hr/> 708

SUMMARY.

Kidderminster Borough	..	..	..	6,494
Kidderminster Rural District	..	..	..	1,037
Bewdley Borough	..	..	..	673
Stourport Urban District	..	..	..	1,846
Tenbury Rural District	..	..	..	708
Hartlebury Grammar	..	..	..	159
Total				<hr/> 10,917

APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER.

For Year Ended 31st December, 1954.

STATISTICAL TABLES.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.A. *Periodic Medical Inspections.*

Number of inspections in the prescribed groups.

Entrants	1,076
Second Age Group	859
Third Age Group	966
Total	2,901

Number of other Periodic Inspections 289

Grand Total 3,190

B. *Other Inspections.*

Number of Special Inspections 728

Number of Re-Inspections 1,090

Total 1,818

Pupils found to require Treatment.

Group. (1)	For Defective Vision. (Excluding Squint). (2)	For any of the other conditions Table IIA. (3)	Total Individual Pupils. (4)
Entrants	5	154	159
Second Age Group	92	137	210
Third Age Group	133	141	250
TOTAL (Prescribed Groups)	230	432	619
Other Periodic Inspections	16	53	67
GRAND TOTAL	246	485	686

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS
IN THE YEAR ENDED 31st DECEMBER, 1954.

DEFECT OR DISEASE. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS	
	No. of Defects.		No. of Defects.	
	Requiring Treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin	79	11	27	—
Eyes. (a) Vision	246	62	41	1
(b) Squint	37	6	8	—
(c) Other	18	—	8	—
Ears. (a) Hearing	6	12	3	2
(b) Otitis Media	13	6	1	—
(c) Other	11	7	8	—
Nose or Throat	61	89	27	3
Speech	11	18	2	—
Cervical Glands	13	65	5	2
Heart and Circulation ..	10	38	6	1
Lungs	22	40	11	1
Developmental				
(a) Hernia	2	—	—	—
(b) Other	24	63	3	—
Orthopaedic.				
(a) Posture	25	18	4	2
(b) Flat Foot	25	5	7	—
(c) Other	110	61	19	6
Nervous System				
(a) Epilepsy	1	2	—	—
(b) Other	23	26	19	5
Psychological.				
(a) Development	2	24	—	4
(b) Stability	2	2	4	—
Other	40	25	25	2

**B. CLASSIFICATION OF THE GENERAL CONDITIONS OF
PUPILS INSPECTED DURING THE YEAR IN THE
AGE GROUPS.**

Age Groups. (1)	No. of Pupils Inspected. (2)	A. (Good)		B. (Fair)		C. (Poor)	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)	No. (7)	% of Col. 2 (8)
Entrants	1,076	676	62.8	389	36.2	11	1.0
Second Age Group ..	859	588	68.5	263	30.6	8	.9
Third Age Group ..	966	731	75.7	232	24.0	3	.3
Other Periodic Inspections ..	289	186	64.4	102	35.3	1	.3
TOTAL ..	3,190	2,181	68.4	986	30.9	23	.7

TABLE III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the Schools by the School Nurses or other authorised persons 35,933
- (ii) Total number of individual pupils found to be infested 667
- (iii) Number of individual pupils in respect of whom cleansing notices were issued.
(Section 54 (2), Education Act, 1944) .. Nil
- (iv) Number of individual pupils in respect of whom cleansing orders were issued.
(Section 54 (3), Education Act, 1944) .. Nil

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

Diseases of the Skin. (Excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year.	
	By the Authority.	Otherwise
Ringworm. (i) Scalp	—	—
(ii) Body	—	2
Scabies	4	—
Impetigo	39	1
Other Skin Diseases	193	41
TOTAL ..	236	44

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority.	Otherwise
External and other, excluding errors of refraction and squint	10	7
Errors of Refraction (Including squint)	461	127
TOTAL ..	471	134
Number of Pupils for whom spectacles were :		
(a) prescribed	352	127
(b) obtained	352	127

CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinic	Elsewhere
No. of pupils treated at Child Guidance Clinic	27	—

SPEECH THERAPY.

	Number of cases treated	
	By the Authority.	Otherwise.
No. of pupils treated by Speech Therapist	45	—

OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise.
Miscellaneous minor ailments	409	13

TABLE V.

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY.**

(1) Number of Pupils inspected by the Authority's Dental Officers.					
(a) Periodic age groups	..	..	..	..	4,285
(b) Specials	..	..	..	..	357
Total (1)					4,642
(2) Number found to require treatment	..	..			3,980
(3) Number referred for treatment	..	..			3,420
(4) Number actually treated	..	..			1,644
(5) Attendances made by pupils for treatment				..	3,836
(6) Half-days devoted to : Inspection	..	..			21
Treatment	..	..			658
Total (6)					679
(7) Fillings : Permanent Teeth	..	..			3,038
Temporary Teeth	..	..			42
Total (7)					3,080
(8) Number of Teeth filled : Permanent Teeth	..				2,888
Temporary Teeth	..				42
Total (8)					2,930
(9) Extractions : Permanent Teeth	..	..			784
Temporary Teeth	..	..			2,915
Total (9)					3,699
(10) Administration of general anaesthetics for extractions	..	..	..	..	530
(11) Other operations : Permanent Teeth	..	..			149
Temporary Teeth	..	..			14
Total (11)					163



BOROUGH OF OLDBURY

ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldbury Committee for Education

FOR THE YEAR 1954

Borough School Medical Officer:

HENRY TABBUSH, M.B., Ch.B., D.P.H.

BOROUGH OF OLDBURY

OLDBURY COMMITTEE FOR EDUCATION.

Representative Members:

ALDERMEN:

B. T. ROBBINS, J.P., C.C., *Chairman*.
 J. W. HOLLAND.
 S. T. MELSOM, O.B.E., J.P., C.A.
 G. W. ROSE, J.P.

COUNCILLORS:

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M.B.E., C.C., J.P.	W. H. HUNTER.
L. W. CARTER.	N. A. MOORE.
W. CARTER.	Mrs. E. PINE.
Mrs. M. E. GARRATT, J.P.	Mrs. R. STARKIE.
A. GUNN, C.C.	B. H. TARR.
Mrs. E. M. J. GUNN, J.P.	F. W. THOMPSON, J.P.
W. HAYES, C.C.	

Nominated Members:

DR. F. E. DAWES.
 MR. J. H. DEARNE, C.C. (Deceased 17-12-54).
 Mrs. E. M. GOODE, C.C.
 ALDERMAN J. F. GOODE, O.B.E., C.C.,
Vice-Chairman.

Appointed Members:

MR. B. HEBBERTS.
 MISS E. L. JAMES.
 MR. G. H. MERCER, J.P.
 MR. H. STUBBS.

SCHOOL ATTENDANCE AND CHILDREN'S CARE SUB-COMMITTEE.

COUNCILLOR Mrs. M. E. GARRATT, J.P., *Chairman*.
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ALDERMAN J. F. GOODE, O.B.E., C.C.

Appointed Members:

MISS E. L. JAMES.
MR. H. STUBBS.

STAFF:**School Medical Officer:**

HENRY TABBUSH, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:

MARGARET O. WILL, M.B., Ch.B., M.M.S.A., D.P.H.,
D.Obst.R.C.O.G. (Resigned 31-3-54).

STUART L. MORRISON, M.B., Ch.B., D.P.H.
(Commenced 5-7-54).

Ophthalmic Surgeon:

GUY F. G. SIGGINS, M.R.C.S., L.R.C.P., D.O.M.S.

Dental Surgeon:

JOSEPH S. PRICE, L.D.S. (B'ham)
ALMA M. FACER, L.D.S. (Part-time).
PETER PACKWOOD, L.D.S. (Part-time from 3-2-54 to 24-9-54).

Senior School Nurse:

MISS D. H. EDWARDS.

School Nurses:

MISS H. STANSFIELD.	MRS. F. MEIRING
MISS E. M. L. FREESTONE.	(Resigned 21-5-54).
MISS B. LAMB.	MISS G. N. DAWSON.
MRS. M. McLEOD.	MISS E. E. WILLIAMS
	(Commenced 21-6-54).

Chief Clerk:

S. ASTLEY.

Senior Clerk:

T. K. BOSTON.

Clerks:

MRS. R. SEWELL	MISS S. PARTINGTON
MISS D. M. PLEAVIN.	MISS E. YORK
MISS J. COWLEY	MISS I. THOMAS
(Resigned 27-2-54).	(Commenced 12-4-54).
MISS P. ROBERTS.	

Dental Attendants:

MISS A. E. SMITH. MISS P. WINFIELD

BOROUGH OF OLDBURY

To the Chairman and Members of the Oldbury Committee for Education.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my report on the School Health Service for the year 1954.

Although it is difficult to give statistical evidence to support it, the general impression gained from medical inspections, from the teachers and most important of all, from the parents, is that the health of the school children has never been better.

Perhaps a few figures may be taken as indicating this improvement. Out of 3,545 children examined by several Medical Officers only 17 were classified as Category C (i.e. poor general condition). There were no cases of Diphtheria. Two children contracted Poliomyelitis; one made a complete recovery without any residual paralysis. Cases of Measles and Whooping Cough in school children were only 16 and 39 respectively. Scarlet Fever showed a further reduction to 56 cases. On the other hand it must be said that there has been an undue prevalence of Infective Hepatitis (Jaundice) and Dysentery during the year. The former disease is not notifiable so that no true picture of its incidence and spread could be obtained.

There were several small outbreaks of Dysentery during the year. While the policy of excluding cases and their contacts until they are free from infection involves much loss of school time and occupies a good deal of the time of the Sanitary Inspectors, Health Visitors and other Health Department Staff, there can be little doubt that this infection would rapidly spread throughout all the schools and into the homes of the children, if no preventive measures were taken. Although in the majority of cases this disease gives rise to little more than acute discomfort for one or two days it can have serious consequences in infants and the elderly.

The main difficulty in the control of the disease is that children remain infectious for long periods after their symptoms have disappeared. The most important single factor in preventing the

spread of this disease is cleanliness. All the children should wash their hands thoroughly before meals and after using the W.C. It should not be necessary to emphasise that adequate facilities for doing so should be available at all schools. In the early part of the year the main outbreaks affected the infant departments at Titford Road, Causeway Green and Brandhall Schools. These outbreaks were brought under control but a fresh outbreak occurred at St. Francis Xavier's R.C. School later in the year. At the close of the year all the schools were free from Dysentery.

In view of what has already been stated regarding the satisfactory general condition of the children, it may seem strange that I should again express my disappointment that only one third of the children should be taking school dinners. It should be borne in mind that the effects of unsatisfactory nutrition are not immediately apparent. It may well be that the future will show the effect on the health of their children of this false economy on the part of some parents. In the maintenance of health adequate nutrition is of prime importance.

The scheme for the provision of free cod liver oil, malt and iron which was approved for a trial period of one year by the Local Education Authority in 1953, came to an end during the year. Although the results achieved were not spectacular, a positive gain in the health of the children who benefited was noted and it is disappointing that the scheme should have been discontinued.

The need to provide accommodation for educationally sub-normal children remains as urgent as ever. The proposal to build a new special school to serve Halesowen and Oldbury has been approved.

There are still 9 physically handicapped pupils for whom it has not been possible to find places in appropriate special schools. The majority of these suffer from Cerebral Palsy and are below the average in intelligence. It is extremely difficult to find places for this type of case.

Many children have had the opportunity of short recuperative holidays during the year, boys being more fortunate in this respect than girls. While both have an equal opportunity to attend the Edmond Hall Camp School, the number of places for girls at the

Open Air School has been decidedly limited. Some of the boys have also had the opportunity of spending a fortnight at the Rotary Boys' House but there are no such facilities available for girls. Some of these girls, members of large families, are often overwhelmed with domestic duties and it would be very helpful if such children could be provided with an occasional holiday away from home.

Dr. S. L. Morrison took up his duties as Deputy School Medical Officer on 5th July and it will now be possible, in addition to ensuring the harmonious and efficient working of the School Health Service, to undertake such additional services as B.C.G. Vaccination of school children.

Once again I would like to express my appreciation of the helpful co-operation and support I have received from the Chairman and Members, from the Education Officer and his Staff, and from the Teachers. To my Staff Medical, Nursing and Clerical, I would like to express my sincere gratitude.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

H. TABBUSH,

Borough School Medical Officer.

Greenwood Avenue, Langley,
Oldbury.

March, 1955.

SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1954	No. on Roll at 31-12-54	Accom- modation in each Dept.
Oldbury Grammar	539	548	530
Oldbury Technical	174	180	120
Albright Secondary Modern Boys' ...	415	474	480
Albright Secondary Modern Girls' ...	400	441	480
Bristnall Hall Secondary Modern Boys'	435	482	520
Bristnall Hall Secondary Modern Girls'	405	463	480
St. Michael's C. of E. Secondary Modern	294	316	320
Bleakhouse Primary Junior Mixed ...	348	345	320
Brandhall Primary Infant and Junior	417	419	350
Castle Road Primary Infant & Junior	419	401	390
Causeway Green Junior	325	342	320
Causeway Green Infants'	224	181	240
Church of England Primary Infants' ...	78	78	120
Good Shepherd C. of E. Primary Junior Mixed	185	179	240
Moat Farm Primary Boys'	324	325	320
Moat Farm Primary Girls'	319	318	320
Moat Farm Primary Infants'	297	268	320
Rood End Primary Junior Mixed ...	430	425	385
Rood End Primary Infants'	260	241	280
Rounds Green Primary Junior Mixed	462	440	480
Rounds Green Primary Infants' ...	207	176	270
St. Francis Xavier's R.C. Infant, Junior and Senior	189	189	200
St. Hubert's R.C. Infant and Junior	269	275	240
Titford Road Primary Boys'	244	245	280
Titford Road Primary Girls'	249	250	280
Titford Road Primary Infants'	254	239	320
Warley Primary Infants'	263	229	270
Totals	8,426	8,469	8,875

SCHOOL CLINICS.

CLINIC	OLDBURY Tabernacle School	LANGLEY "The Hollies," Joinings Bank	WARLEY Bleakhouse Rd.
Minor Ailment Clinic	Mon.—Fri. 9-0—9-30 a.m.	Mon.—Fri. 9-0—9-30 a.m.	Mon.—Fri. 9-0—9-30 a.m.
Ultra Violet Light*	Mon. 10-0 a.m.	Tues. 2-0 p.m.	Wed. 10-0 a.m.
Speech Therapy *	—	Mon. 9-0—12-0 noon 2-0—4-0 p.m.	—
Ophthalmic *	—	—	Fri. 10-0—12-0 noon Alternate Wed. 1-30 p.m.
Orthoptic *	—	—	Fri. 9-0—12-30 p.m. 1-30—5-0 p.m.
Dental	Tues. 9-0—12-0 noon 1-30—5-0 p.m. Thurs., Fri. and Sat. 9-0—12-0 noon	—	Mon., Wed. and Fri. 9-0—12-0 noon 1-30—5-0 p.m. Sat. 9-0—12-0 noon
Investigation *	—	Sat. 9-0—12-0 noon	—
Child Guidance *	—	—	Mon. 10-0—4-0 p.m.

* Clinics—By appointment only.

PERIODIC MEDICAL INSPECTION.

The number of children examined was as follows:—

	1954	1953	1952	1951	1950
1st Age Group— 5 years ...	859	1,291	762	680	784
2nd ,, ,, — 9 ,, ...	810	859	832	707	674
3rd ,, ,, — 11 ,, ...	841	720	694	676	719
4th ,, ,, — 14 ,, ...	618	538	655	676	698
5th ,, ,, — 15 ,, ...	129	99	86	115	103
Other Periodic ...	288	467	305	396	217
Pre-School—3½ years ...	499	625	420	631	486
Totals	4,044	4,599	3,754	3,881	3,681

In addition 1,330 defects from previous inspections were re-examined and 124 were referred for treatment.

3,338 re-inspections were carried out as follows:—

	No. of Children Re-Inspected
Re-inspection of Defects	1,330
Attendances at Ear, Nose and Throat Clinics ...	164
Attendances at Investigation Clinics	166
Edgmond Hall Camp School (F.F.I. examinations)	594
Malvern Open-Air School	47
Weston-super-Mare Rotary Boys' House ...	46
Employment of Children	101
Mental Tests and Examinations	51
Re-inspections at Ophthalmic Clinics	557
Re-inspections at Minor Ailment Clinics ...	282
	—
Total ...	3,338
	—

Of the 499 Pre-School children examined the following defects were referred for treatment:—

Skin defects	12
Eye defects	7
Ear defects	4
Nose and Throat	6
Speech	1
Cervical glands	1
Heart and circulation	—
Lungs	9
Developmental	2
Orthopædic	27
Nervous system	—
Psychological	—
Other defects	1

NUTRITION.

Table II at the end of this report gives a classification of the nutritional state of children inspected at Periodic Medical Inspections during the year.

Through the courtesy of the Education Officer I am informed that a total of 495,249 meals were served in school during the year and of this number 55,680 meals were served free of charge. 33.4% of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,387,611 bottles of milk were supplied. All children now receive their school milk free of charge and this milk adds an additional amount of first-class protein to the child's diet.

MINOR AILMENTS AND DISEASES OF THE SKIN.

The total number of examinations at the Minor Ailment Clinics by the doctor during the year was 721.

The numbers of children treated for minor ailments at the three clinics are as follows:—

Clinic			No. of Children	No. of Attendances for treatment	
Warley	...	...	416	...	1,140
Langley	...	...	197	...	606
Oldbury	...	...	206	...	755
Totals			819	...	2,501

Defects Treated			Oldbury	Langley	Warley	Total
Ringworm	...	...	—	—	1	1
Impetigo	...	...	16	7	16	39
Scabies	...	...	—	—	—	—
Other Skin Diseases	...	...	70	30	137	237
Blepharitis	...	...	5	1	2	8
Conjunctivitis	...	...	5	3	8	16
Other Eye Conditions	...	...	5	9	34	48
Otorrhœa	...	...	3	3	4	10
Other Ear Defects	...	...	9	4	25	38
Minor Injuries, Sores, etc.	...	...	42	57	84	183
Miscellaneous	...	...	51	83	105	239
Totals			206	197	416	819

TREATMENT OF DEFECTIVE VISION AND SQUINT.

During the year 65 sessions were held and 760 attendances were made. A summary of the defects found by the Ophthalmic Surgeon in the 203 new cases is set out below:—

Defects found in new cases:—

Errors of Refraction—

Simple Hypermetropia	...	...	...	11
Hypermetropic Astigmatism—				
Simple	...	...	...	9
Compound	...	...	...	19
Simple Myopia	...	...	...	32
Myopic Astigmatism—				
Simple	...	...	...	13
Compound	...	...	...	19
Mixed Astigmatism	...	...	...	17
Amblyopia	...	...	...	—
Anisometropia	...	...	...	31

Squint—

Convergent	...	...	...	26
Divergent	...	...	...	1

Inflammatory conditions, etc.—

Conjunctivitis	...	...	...	1
Dislocation of Lens	...	...	...	1
Congenital Cataract	...	...	...	1
Optic Atrophy	...	...	...	1
Left External Rectus Palsy	...	...	...	1
Papilloedema	...	...	...	1
Nothing abnormal discovered	...	...	...	19

3 cases were referred to the Birmingham Eye Hospital and West Bromwich and District General Hospital.

EAR, NOSE AND THROAT DEFECTS.

During the year 158 children were admitted to hospital for the removal of Tonsils and Adenoids and 1 child received operative treatment for other Ear, Nose and Throat condition.

ORTHOPÆDIC AND POSTURAL DEFECTS.

7 cases received in-patient treatment at Hospitals during the year.

Arrangements have been made for children to be treated at the Smethwick Orthopædic Clinic.

INVESTIGATION CLINIC.

This Clinic is held on Saturday mornings. Arrangements are made for special cases to attend by appointment at the Clinic, so that the Medical Officer shall have a better opportunity of investigating the case than he has at any other session during the week.

During the year 32 sessions were held. 83 children made 166 attendances.

SUN-RAY CLINIC.

Sun-Ray lamps are installed at each of the three Clinics, and 157 children made 1,912 attendances at 73 sessions.

UNCLEANLINESS.

On an average three visits were made to each school during the year.

The total number of examinations of children was 24,977 (12,176 boys and 12,801 girls), and 795 (175 boys and 620 girls) were found to have nits in the hair and 29 (3 boys and 26 girls) were found to have numerous nits or vermin.

HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 383 visits to children's homes during the year. These visits were for the purpose of following up defects found at medical inspections, uncleanliness and infectious disease.

JUVENILE OFFENDERS.

It was reported to the appropriate Sub-Committee during the year that 45 children attending Oldbury Schools had to appear before the Courts as Juvenile Offenders. 7 of these children had been ascertained as Educationally Sub-normal.

INFECTIOUS DISEASES.

Notifications of Infectious Disease received during the year for children between the age of 5 and 15 years, together with the Comparison Figures for last year are given below:—

			Cases		Hospital	
			1953	1954	1953	1954
Whooping Cough	...	...	107	39	—	—
Measles	...	...	379	16	1	—
Diphtheria	...	...	1	—	1	—
Scarlet Fever	...	...	65	56	—	3
Food Poisoning	...	...	—	—	—	—
Meningococcal Infection	...	...	1	—	1	—
Dysentery	...	...	23	91	—	2
Pneumonia	...	...	4	3	1	—
Acute Poliomyelitis—Paralytic	...	...	—	1	—	1
„ „ Non-Paralytic	...	...	—	1	—	1
Tuberculosis—Respiratory	...	...	7	5	—	—
„ Meninges and Central	...	...	—	—	—	—
„ Nervous System	...	...	—	—	—	—
„ Other Forms	...	...	—	—	—	—

MEASLES.

Only 16 cases of Measles in school children were notified during the year. This reflects the well-known epidemiological pattern of this disease which tends to reach a peak of incidence every two years. We should therefore expect a much greater incidence in 1955.

WHOOPING COUGH.

Here again there was a welcome reduction from 107 to 39 of the number of cases occurring in school children.

DIPHTHERIA IMMUNISATION.

The number of school children immunised during the year was 285 and 1,311 school children received reinforcing injections. At the 31st December, 1954, 95.86% of the children on the roll had been immunised and of these 59.21% had had their last injection, either primary or reinforcing during the last five years, that is since the 1st January, 1950.

TUBERCULOSIS.

There were 54 cases of tuberculosis among children of school age at the end of the year as compared with 53 cases at the end of 1953. Of these 54 cases 45 were pulmonary and 9 non-pulmonary. Of the 5 new cases notified during the year, 3 were inward transfers from a neighbouring County Borough, and one acquired his infection at home. There was no evidence of any infection having been acquired in school.

By the end of the year arrangements had been completed for initiating the inoculation with B.C.G. of all children in their fourteenth year. While not resulting in absolute immunity, this inoculation will give the children added protection from Tuberculosis during the years of adolescence, when the opportunity for infection is greatest.

EXCLUSION OF CHILDREN.

The total number of exclusions issued by the School Medical Department was 419.

351 children were excluded as a result of having infectious disease, 62 for verminous heads and 7 for minor ailments.

CAMP SCHOOL.

Full use continues to be made of the arrangements for senior children to attend for fortnightly periods at Edgmond Hall Camp School. The total number of children examined for admission to the school during the year was 594.

OPEN-AIR SCHOOL.

In 1954 the County Education Committee was able to place at the disposal of Oldbury school children 34 places at the Open-Air School, Malvern. A total of 33 children were sent, 9 were girls and 24 boys. One boy attended two terms. The waiting list for places in the Open-Air School justifies additional accommodation being made available.

ROTARY BOYS' HOUSE, WESTON-SUPER-MARE.

By courtesy of the Rotary Club of Oldbury it has been possible to obtain accommodation in the Rotary Boys' House at Weston-super-Mare for selected candidates to spend two weeks each by the seaside. 46 pupils went to the House during the year.

MEDICAL EXAMINATION OF TEACHERS.

During the year 18 entrants (Form 4 R.T.C.) to Teachers' Training Colleges and 13 entrants (Form 28 R.Q.) to the Teaching Profession, were medically examined.

HANDICAPPED CHILDREN.

The following table shows the number of children, in the various categories, ascertained by the department, and for whom education in the appropriate Special School has been recommended.

Categories			In Special School	Awaiting admission to Special School	Total
1. Blind	...	...	4	—	4
2. Partially sighted	...	...	4	4	8
3. Deaf	...	...	3	1	4
4. Partially Deaf	...	...	1	1	2
5. Delicate	...	...	1	2	3
6. Physically handicapped	...	...	5	9	14
7. Educationally sub-normal	...	...	11	59	70
8. Maladjusted	...	...	—	—	—
9. Epileptics	...	...	—	—	—
Total			29	76	105

EDUCATIONALLY SUB-NORMAL CHILDREN.

51 Intelligence Tests were carried out during the year and the following recommendations were made:—

Report to the Local Health Authority under Section 57(3) of the Education Act, 1944	...	...	...	2
Report to the Local Health Authority under Section 57(5) of the Education Act, 1944	...	...	...	5
Educate at Special Day/Boarding Schools for Educa- tionally Sub-normal Pupils	...	...	...	20
Educate at ordinary schools with special educational treatment	...	...	...	3
Educate at ordinary schools in special classes	...	...	...	7
Educate at ordinary schools (children educationally sub- normal)	...	...	...	6
Educate at ordinary schools (children not educationally sub-normal)	...	...	...	8

**OLDBURY SCHOOL DENTAL SERVICE.
REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
FOR 1954.**

The dental treatment of schoolchildren in Oldbury continued at a good pace during 1954. For the first time for several years a whole-time dental officer — the Divisional Dental Officer — was at work for the whole year. In addition, part-time dental officers helped to increase the amount of work done and the net results may be seen from the accompanying table.

Almost all the children in the Borough were inspected, some of them more than once. It seems, however, that there is still a considerable amount of apathy and even antipathy to dental treatment, unless it be purely for the relief of pain. It is good, though, to see that the number of children attending for emergency treatment has fallen by over 25% due, no doubt, to the policy of going rapidly around all the schools in the second half of 1953 and in the first part of 1954 concentrating on the removal of sepsis and pain by extracting all teeth found to be so badly decayed as to be incapable of saving by filling treatment. That there are still so many of these “casual” patients is largely due to parents refusing the treatment offered to their children and then being forced to bring them to the clinic because of sleepless nights caused by dental pain.

This type of work is depressing to the dental officer, for he naturally resents parents refusing to grasp the chance of having their children's teeth put in order, followed (frequently very soon afterwards) by a demand for the extraction of the very teeth that could have been saved—a demand with which he must comply, even though it greatly upsets the tenor of his routine work. Furthermore, parents now realise that, even if they do refuse to accept the proffered treatment, almost immediate attention is available in the case of pain and this fact tends to make them feel that it is unnecessary to take any action following routine dental inspection. It is an undoubted fact that this trend is spreading, as is clearly shown by the low numbers of those accepting treatment after it has been offered. This trend must be halted by teaching children the value of good teeth by dental hygiene education in the schools and by the good example of the very work done on those children whose parents are wise enough to realise its value.

B. D. BRITTEN,

Principal School Dental Officer.

March, 1955.

REPORT ON SPEECH THERAPY CLINIC AT OLDBURY

Cases attending at 31.12.54 ...	...	24
Discharged after satisfactory progress...		22
Left school or district ...	...	—
Ceased attending ...	...	2
Waiting list ...	...	102
		—
Total ...	...	150
		—
Total number of treatments given		803
		—

Types of Speech Defects treated:—

Articulation, e.g. Lisp ...	...	27
Communication, e.g. Stammering ...	...	16
Multiple, e.g. Cleft Palate ...	...	5
		—
Total ...	...	48
		—

In January, 1954, an extra speech therapy session was started and was continued until July. Unfortunately, however, this had to be cancelled owing to the resignation of one of the speech therapists. It has not yet been possible to appoint another one to fill the vacancy.

I would like to record my thanks to the staffs of the schools and the Health Department who have as always, been most co-operative and helpful throughout the year.

MARGARET EDWARDS, L.C.S.T.,
Senior Speech Therapist.

TABLE I.

Medical Inspection of Pupils attending maintained
Primary and Secondary Schools.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups:—

1st Age Group (5 years)	...	...	...	859
2nd „ (9 „ )	...	...	...	810
3rd „ (11 „ )	...	...	...	841
4th „ (14 „ )	...	...	...	618
5th „ (15 „ )	...	...	...	129
		Total	...	3,257
Additional Periodic Inspections	...	...	...	288
		Grand Total	...	3,545

B. OTHER INSPECTIONS.

Number of special inspections	...	...	...	642
Number of re-inspections	...	...	...	3,338
		Total	...	3,980

C. PUPILS FOUND TO REQUIRE TREATMENT.

GROUP (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
1st – 5 years	14	167	179
2nd – 9 „	45	109	146
3rd – 11 „	52	86	128
4th – 14 „	28	35	62
5th – 15 „	2	3	5
TOTAL –	141	400	520
Additional perio- dic inspections	20	40	56
GRAND TOTAL	161	440	576

TABLE II.
A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease (1)	<i>Periodic Inspections</i>	
		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)
4	Skin	58	53
5	Eyes— a. Vision	161	246
	b. Squint	55	24
	c. Other	6	16
6	Ears— a. Hearing	10	39
	b. Otitis Media	24	32
	c. Other	6	17
7	Nose or Throat	116	285
8	Speech	15	7
9	Cervical Glands	11	102
10	Heart and Circulation	2	48
11	Lungs	38	59
12	Developmental— a. Hernia	5	15
	b. Other	14	25
13	Orthopaedic— a. Posture	4	68
	b. Flat foot	9	34
	c. Other	89	204
14	Nervous System— a. Epilepsy	3	1
	b. Other	1	2
15	Psychological— a. Development	1	22
	b. Stability	2	10
16	Other	8	8

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED.

Age Groups	No. of Pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1st — 5 years	859	711	82.77	148	17.23	—	—
2nd — 9 „	810	616	76.05	181	22.35	13	1.60
3rd — 11 „	841	646	76.81	192	22.83	3	0.35
4th — 14 „	618	509	82.36	108	17.48	1	0.16
5th — 15 „	129	110	85.27	19	14.73	—	—
Additional P.M.I. —	288	214	74.30	74	25.70	—	—
TOTAL —	3545	2806	79.15	722	20.37	17	0.48

TABLE III.
INFESTATION WITH VERMIN.

1.	Total number of examinations in the schools by the School Nurses or other authorised persons	...	24,977
2.	Number of individual pupils found infested	...	478
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	... ..	57
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	... ..	7

TABLE IV.
TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(including Special Schools)

		Number of cases treated, under treatment or dealt with during the year	
Group 1—Diseases of the Skin		By the Authority	Otherwise
Ringworm—	(i) Scalp	...	1
	(ii) Body	...	—
Scabies	...	...	—
Impetigo	...	...	39
Other skin diseases	...	...	237
Total		...	277
Group 2—Eye Diseases, Defective Vision and Squint			
External and other, excluding errors of refraction and squint		...	72
Errors of Refraction (including squint)		...	12
Total		...	250
No. of pupils for whom spectacles were			
(a) Prescribed		...	370
(b) Obtained		...	366
Group 3—Diseases and Defects of Ear, Nose and Throat			
Received operative treatment			
(a) for diseases of the ear		...	—
(b) for adenoids and chronic tonsillitis		...	158
(c) for other nose and throat conditions		...	1
Received other forms of treatment		...	48
Total		...	159

Group 4—Orthopædic & Postural Defects

(a) No. treated as in-patients in hospitals	...	...	7	
			By the Authority	Otherwise
(b) No. treated otherwise, e.g., in clinics or out-patient depts.			—	47
			Number of cases treated:	
			In the Authority's	
			Child Guidance Clinics	Elsewhere

Group 5—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics	39	Nil
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Number of cases treated:
By the Authority Otherwise

Group 6—Speech Therapy

Number of pupils treated by Speech Therapists	46	Nil
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Group 7—Other Treatment given

(a) Miscellaneous minor ailments	...	239	I
(b) Other than (a) above (specify)			
1. Injuries	...	183	27
2. Respiratory Infections	...	—	5
3. Appendix	...	—	4I
4. Hernia	...	—	I
5. Convulsions	...	—	I
6. Circumcision	...	—	I
7. Undescended Testes	...	—	I
8. Notifiable Infectious Diseases	...	—	I3
9. Other Infections:—			
Ac. Rheumatism	...	—	4
Urinary	...	—	2
Abscess	...	—	2
Osteomyelitis	...	—	I
Infective Hepatitis	...	—	3
Mesenteric Adenitis	...	—	I
Epididyme-orchitis	...	—	2
Pyelitis	...	—	I
10. Dental	...	—	I
11. Leukæmia	...	—	I
12. Hypertensive Encephalitis	...	—	I
13. Rescued from canal	...	—	I
14. Obstruction (Bladder Neck)	...	—	I
15. Investigation	...	—	24
Total	...	422	136

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers—				
	(a) At Periodic inspections	...	...	...	10,132
	(b) Specials	...	...	...	283
	(c) Total	...	...	...	10,415
(2)	Number found to require treatment	...	...	...	4,760
(3)	Number offered treatment	...	...	...	2,713
(4)	Number actually treated	...	...	...	2,866
(5)	Attendances made by children for treatment	...	...	...	4,892
(6)	Half-days devoted to—				
	Inspection—Periodic	...	...	...	63
	Treatment	...	...	...	612
	Total	...	...	...	<u>675</u>
(7)	Fillings—				
	Permanent Teeth	...	...	...	3,402
	Temporary Teeth	...	...	...	64
	Total	...	...	...	<u>3,466</u>
(8)	Number of Teeth Filled—				
	Permanent Teeth	...	...	...	2,930
	Temporary Teeth	...	...	...	64
	Total	...	...	...	<u>2,994</u>
(9)	Extractions—				
	Permanent Teeth	...	...	...	601
	Temporary Teeth	...	...	...	2,505
	Total	...	...	...	<u>3,106</u>
(10)	Administration of general anæsthetics for extraction	...	...	...	813
(11)	Other operations—				
	Permanent Teeth	...	...	...	753
	Temporary Teeth	...	...	...	100
	Total	...	...	...	<u>853</u>

